MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

10381

1. PLACE OF PEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
(() LIU CLUURE (MARYLAND	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town feet of this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR AND	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) (Last) 4. DATE (Month) (Day) (Year) OF DEATH/140, /4 195:
5. SEX 6. COLOR OR RACE 7. SINOLE, MARRIED, WIDOWED, DIVORGED, (Specify) Wetward	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days If ours Min.
done during most of working (ife, even if retired) INDUSTRY	BITTIPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Vallich Wardens
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) [1f yes, give war or dates of 2/5-0/-3012]	Mrs. & Chamiski (file
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420. Immediate cause (a) Literary 0	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or canditions, if any, giving rise to the above cause stating the underlying cauce last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No } \(\text{D} \)
21. EXTERNAL CAUSE WAS PRIMARY One CONTRIBUTING Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY m. While at Not while work at work	HOW DID INJURY OCCUR?
SIGNATURE SIGNATURE (Degree or title) SIGNATURE (Degree or title) Degree or title) Signature Philade Example REMINAL (Sweetly) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 16, 1955. Clara Fasture	nased died on the dry stated above, and death in my opinion resulted undetermined. ADDRESS DATE SIGNED 1//14/55
LI seacha.	

BUREAU V. E.

9561 41 101

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hours after death.

10407 CERTIFICATE OF DEATH

14	

of this	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
er death. Aft third copy	10407 CERTIFICATE OF DEATH Reg. Dist. No. 24
n 72 hours aft.	1. PLACE OF DEATH COUNTY AND A YUNGE MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Severn a Park. HOSPITAL OR INSTITUTION OR STREET ADDRESS MD. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE D COUNTY A, A CITY (It outside corporate limits, write RURAL end give nearest town) OR TOWN Severn a Park. TOWN Severn a Park. ADDRESS 143 BOONE Trail
t the death certificate be filed with the registrar withing physician and completely filled in by the funerator use as a burial transit permit.	3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Dey) (Year) DECEASED (Type or Print) 4. DEATH (Middle) (Last) 4. DEATH (Middle) (Last) 4. DATE (Month) (Dey) (Year) DEATH (Middle) (Last) 4. DATE (Middle) (Middle) (Last) 4. DATE (Middle) (Middl
e attendin	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
TOR: The law re executed by th embly should be	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED While at work at work at work at work
TO FUNERAL DIRECTOR: The lancerificate has been executed by death certificate assembly should VS A1SC 1-55 10M	22. I hereby certify that I attended the deceased from 1
8.337	130 F. TOAT HUE.

STARTED STATE OF A STARTED OF SHALTS - BALTIMORE AS

HTABO DO BITADINITIES TO BEATH

And the Course of the State Co. Manager Services

BUREAU V. S. 5561 83 NON

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

director, the third copy of

death.

TO ATTENDING PAYSICIAN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

10383

10408 CERTIFICATE OF DEATH

Item 7, FilmG189 12-2-55 et	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Amuelel MARYLAND	STATE May Y / a recounty
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (II outside corporale limits, write RURAL and give nearest town) OR
X TOWN Cille Busine	TOWN Ballimore 3101,4
9 ASSISTITION OR PLAZA MANOR CONV. HOM	STREET (If rural give location) ADDRESS
OSTREET ADDRESS -1) O/	213 M1. 131 date 31.
3. NAME OF DECEASED (First) (Middle) (Type or Print) (First) (Middle)	ARBER DEATH Nov 24 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	Months Days Hours Min
(Specify) Widowed Nov	. 4. 4 yrs.
dona during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ratired) haborer	Ynknown
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dales of service)	
18. MEDICAL CER	TIFICATION I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
33/X IMMEDIATE CAUSE (A)	Visculor
ANTECEDENT CAUSE(S) DUE TO CONTROL	ent
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING LINDSPLYING CAUSE LAST DUE TO	
STATING UNDERLYING CAUSE LAST. DUE TO HIPEROPELETO	on feneral
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ote heart disease
19%. DATE OF OPERATION 19%. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not white et work et work.	FII. HOW DID MJURY OCCUR?
22. I hereby certify that I attended the deceased from May	19 55, to VOV, 19.55, that I last saw the deceased
alive on NCV, 23, 19 55, and that death occurred at	M, from the causes and on the date stated above.
SIGNATURE ()	Balto ADDRESS (Street, city, town, stete) DATE SIGNED
M.D.	alen Bunic, Mol. 1100. 26,30
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (CREMATORY LOCATION (City, town, or county) (State)
18 av; a 1 - 26 - 53 M1. Sign	Cem 139110-00. Mar.
1 27 200 f O A 100	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE NOVI28, 1983 Louis Love albe	Wm. 4. Jackson tuneral Home
	916 Penna aver Mus-541

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AREYLAND STRING OFFICE OF MOLETY-BALLYINGRA, TO

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BOTADILLES ADDITION and the second of the late of the first of the TO A THE SAME AND A STATE OF THE SAME OF THE SAME AND A STATE OF THE SAME AND A STATE OF THE SAME AND

24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10379 CERTIFICATE OF DEATH

10384

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Anne Arundel	MARYLAND	STATE Maryla		Anne Aru	md el
CITY (It outside corporata fimits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (Il outsida corpora	nta limits, writa RURAL a	nd give nearest town)
/O TOWN Annapolis	(iii tiiio piace)	manual	idsonville		×
HOSPITAL OR		STREET	(If rural giv	a location)	1
STREET ADDRESS Anne Arundel General	l	ADDRESS			
	ddla)	(Last)	4. DATE (Mon	th) (Dey)	(Year)
(Type or Print) HPILIP Philip	W.	BEARD	DEATH NO	VEMBER 6	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED RACE WIDOWED, DIVO			. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male White Widowed, DIVO		whom 22 3007	48 yrs.	Months Days	Hours Min.
10a, USUAL OCCUPATION (Giva kind of work 10b, KIND	OF BUSINESS	mber 23 1907			EN OF WHAT
	IDUSTRY	T II			NTRY?
retired) Ret. (trouble man) Gas & I	Tect	Lynchberg, V		USA	
ROBERT P BEARD		LILA PRIE	ς τ		
	SOCIAL SECURITY NO.	17. INFORMANT & AI			
(Yes, no, or unk,) (If Yes, give war or dates of servica)	10 05 5/0/	26 20 1 20			" -
no no 2.	12-05-5626	Mrs Doris B	eard- Wife-		# 2 ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION			SET AND DEATH
195X IMMEDIATE CAUSE (A) CER	FREAL /	EMORRHAL	F	10	HRS
ANTECEDENT CALIFFEE DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B)	ERTENSIO	N		5	YES
GIVING RISE TO THE ABOVE CAUSE DUE TO			METHS	TATR	
10 MTh16	NONT PH	EOCHROMOBA	ASTOMA	2	YRS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
198. DATE OF OPERATION 196, MAJOR FINDINGS OF	OPERATION				O, AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straat, officers	farm, factory, ce bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stata)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, IN	JURY OCCURRED	21f. HOW DID INJURY OCCUR	?		
While M. at work	Not while	Zii, How Did know occor			
22. I hereby certify that I attended the decease	od from 11201 12	1054 10/1/16	10 5 3	that I last sa	w the deceased
alive on 1,16 , 19.55 , and the					
SIGNATURE	nar dearn occurred a	ADDR	ESS (Street, city, tow	nate stated abov	ve. DATE SIGNED
El much of All or	4		IE PAINTE	300	119/11-
23. BURIAL CREMATION. DATE THEREOF	M.D. MAME OF CEMETERY OF		LOCATION (City, town	n, or county)	(Steta)
REMOVAL (SPECIFY)		9			
Burial 11-10-55	Hillcrest Co	emetery	Annapolis		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	- A	25. FUNDRAL DIRECTOR'S S	1441-11	ADDRESS	
DATE 11-9-55	auxX	HOPPING FINE	BAV/HOME/	ANNAPOLIS	MD

ST. HOME IN S. OTHERS SO TO CANTILL THE STATE SHAPETAM 10884 STARTE OF DEATH TO all being and I separate the second second to the state (not to the total). the BY the - The - Name along and - Associations 2 .V UARRUB VEOLUME PROTECTS Later THE CASS STOR

THE STEP WILL BE SEEN AS THE STEP OF THE S

5. SEX: 6. COLOR OR RACE: Male 10s. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter 11s. Was Deckasso Even in U.S. Armed Forces (Yes, no, or unk.) (If yes, give war or dates of no service) no 11s. Medical Certification 15. Was Deckasso Even in U.S. Armed Forces (Yes, no, or unk.) (If yes, give war or dates of no service) no 1217-07-6791 I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH. II. OTHER SIGNIFIcant CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING OF street, office bidg, etc., INJURY Service (Country) (21s. NOW DID INJURY OCCURT) 10s. METCH OF DEATH. 11s. MARRIED, NOV. 26 1879 11s. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY? 11s. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY? 11s. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY? 11s. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY? 12s. Manual Margaret Barnes 14s. MOTHER'S MAIDEN NAME: 15s. MEDICAL CERTIFICATION 15s.	MEDICAL EXAMINER'S CEI	RTIFICATE OF DEATH	No. 20
CITY (if outside corporate limits, write RURAL CENGTH OF STAY (in this place) COWN of growth of the place) CONTRIBUTION R STREET ADDRESS 3. NAME OF DECEASED: (Pirst)	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
CITY (if outside corporate limits, write RURAL OR OR and give nearest of the distribution of the parties of the above cause and to the above cause last (c) In other Significant Conduitions of the above cause last (c) In other Significant Conduiti	COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Anne A	rundel
HOSPITAL OR STREET ADDRESS 3. NAME OF CIPITON OR STREET ADDRESS 3. NAME OF DECEASED. (Type or Print) 3. DAVE W BELL DEATH November 13 19 5 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED OF DECEASED. (Type or Print) 10a. USUAL OCCUPATION (Give kind of work done during most of work life, or retired): Painter 10a. USUAL OCCUPATION (Give kind of work done during most of work life, or retired): Painter 10a. USUAL OCCUPATION (Give kind of work done during most of work life, or retired): Painter 10b. KIND OF BUSINESS OR 1. BERTHPLACE (State or foreign country): 12. CITIZEN OF Work done during most of work life, or retired): Painter 13. FATHERS NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECEASED EVER IN U.S. ARMED FOREST 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: WITH COUNTRY? 15. WAS DECEASED EVER IN U.S. ARMED FOREST 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: WITH COUNTRY? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: WITH COUNTRY? 17. INFORMANT & ADDRESS: WITH DIVIDED OF THE DECEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: 17. INFORMANT & ADDRESS: WITH DIVIDED OF THE DESEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION: 19. MAJOR FINDING OF OPERATION: 20. AUTOPE STREET (City or town) (Country) (C	CITY (If outside corporate limits, write RURAL LENGTH OF STA	OR	give nearest town)
DECEASED: (Type or Print) DAVE W BELL DEATH November 13 19 5 5. SEX: 6. COLOR OR CACE: Wildowed, Divorced, S. Date of Birth: Wildowed, Divorced, S. Date of Firther, Wildowed, Specify): DIV Work of Note of Work life, Wildowed, Specify: DIV House 10. KIND OF BUSINESS OR 11. Birthplace (State or foreign country): 12. Citizen of Country? 12. Father's Maiden Name: John W. Bell 15. Was Deceased Ever In U.S. Armod Forces of the Security No.: 17. Informant & Address of Service) No service) no 16. Social Security No.: 17. Informant & Address of Service of No. Service) No service) no 18. Medical Certification Interval. Each of Service of S	UNSTITUTION OR	STREET (If rural, give location)	1
(Yes, no, or unk.) (If Yes, give war or dates of no service) no service) no service no dates of no dates of no service no dates of n) (Year)
Male White Widows Divorces (Specify): DIV NOV 26 1879 10a. USUAL OCCUPATION (Give kind of work life, lower life,	DECEASED: (Type or Print) DAVE W		3 19 55
10a. USUAL OCCUPATION (Give kind of work life, lower hold of work one during most of work life, even if retired): Painter 13. FATHER'S NAME: John W. Bell 14. MOTHER'S MAIDEN NAME: JOHN W. Bell 15. WAS DECRASED EVER IN U.S. ARMED FORCES 7 (Yes, no, or unk.) (If Yes, give war or dates of nO service) nO 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: June 10 J	RACE: WIDOWED, DIVORCED,	Months Da	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of no service) no 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Street office bidgs, etc., INJURY OCCURRED 21f. How DID INJURY OCCUR?	ba. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter House	OR 11. BIRTHPLACE (State or foreign country): 12.	
15. Was Deceased Ever In U.S. Armed Forces 7 (Yes, no, or unk.) (If Yes, give war or dates of Yes, no, or unk.) (If Yes, give war or dates of Service) no 217-07-5791 Mr Eugene Albright- Maryland Ave., Annapo Is. Medical Certification I. Diseases or conditions directly Leading to Death: Immediate cause (a) July Annapo Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Due to stating underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Street, office bidg., etc., INJURY OCCURRED 121c. HOW DID INJURY OCCUR?			
15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of no service) no 217-07-6791 Mr Eugene Albright— Maryland Ave., Annapo II. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) July African Conditions of any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY K or CONTRIBUTING OF Street, office bidg., etc., (AUSE OF DEATH. INJURY OCCURED) 21f. HOW DID INJURY OCCUR?	John W. Bell	Margaret Rornes	
Is. MEDICAL CERTIFICATION Interval Be ONSET AND I DUE TO Antecedent cause (a)	Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
Interval Be Onset and I Interval Be Interv	no service) no 217-07- 52 91	Mr Eugene Albright- Maryland Ave.	, Annapolis
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY K or CONTRIBUTING OF Street office bidg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last	would Skill	Julley
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY F or CONTRIBUTING 21b. PLACE (Home, farm, factory, OF street office bldg., etc., INJURY OCCURED 21c. (City or town) (State) (S	L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
PRIMARY K or CONTRIBUTING OF street office bldg., etc., CAUSE OF DEATH. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?			20. AUTOPSY?
	PRIMARY or CONTRIBUTING OF Street office bldg., e	ic., U'a Co	
OF INJURY 1 13 55 M. While at Not while at work of Seen Shat Weend	OF While at Not while	1 11 11 1/11/2011	
22. I hereby certify that I took charge of the remains described above, held an Autopsy □, Inspection □, Inquiry □ find that death resulted from: Natural causes □, Accident □, Suicide □, Homicide □, Undetermined cause	22. I hereby certify that I took charge of the remains described from: Natural causes [], Acc	ribed above, held an Autopsy , Inspection ; cident , Suicidet , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify): 11-15-55 to Chattanooga, Tonn.	BEMOVALa(Specify): 33 35 55	ERY OR CREMATORY LOCATION (City, town, or co	
	PEC = 10 = -	24. FUNERAL DIRECTOR	ADDRESS

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10380 CERTIFICATE OF DEATH

10386

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY OF COMMANYLAND	STATE MAY Y / GAL COUNTY (1. A C.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	
OR and give nearest town) (in this place)	OR A
10 TOWNELNIA POLIS	TOWN 8 19111 1 1 1 1 1 5
HOSPITAL OR	STREET (Il rurel give location)
INSTITUTION OR STREET ADDRESS (1)	ADDRESS (PARTIE A LEGAL)
	1 79301 (4)11318 50
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Year)
(Typa or Print)	130 W/ 16 DEATH // 19/3
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS
RACE WIDOWED, DIVORCED, (Specily)	Months Days Hours Min.
7.12.10	-13-1467 7 yr.
10e, USUAL OCCUPATION (Give kind of work done during most of working lile, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) / w /2 (2)	Maryland
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
To the state of th	in it is a second of the secon
HALLY 100416	1:1-17-A 170 YIIC
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY I	NO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detas of service)	Batter of and K have land
VID .	L CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)	L CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
14.8x Canesma	ma id Threat mellastages
IMMEDIATE CAUSE (A)	me of the man have a construction
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
THE STATE OF GREATHER	YES NO PI
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	to the second control of the second control
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED	1 21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	
M. et work et work	<u>U,I</u>
22. I hereby certify that Lattended the deceased from	4 155 to 11-13 1955, that I last saw the deceased
alive on 1. 19, and that death occur	red at 8
SIGNATURE GOO	ADDRESS (Street, city, town, stete) DATE SIGNED
M.I	o. 6 h ermen 11-13-15
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	and delli Marco Dali Wil
13 Mid No 17-16 2 13 1	TETHING CANAFECTOR
24. REC'D OF REGISTRAR REGISTRADS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE last 15,950 //m fitienchis	William Recesoning Wash
The state of the s	The state of the s
	Inn aliolis ma

538801 HTARC TO STADISTRED OFFI Mittelling a. 1. 6 6 1'11/11/11 " CLIMAPELLE Calinities 1 Be will Ben 11 Mapo 65 765-51-1, 100 0/1/19 MARKEAND ILSM インドレンス ELIZA POWIE CAITHER Crack from 1918 BUREAU V. S. 9361 91 NON Suns (11-16 & Brewer HILL BANAPILLE Md

September 1000

VS. A15

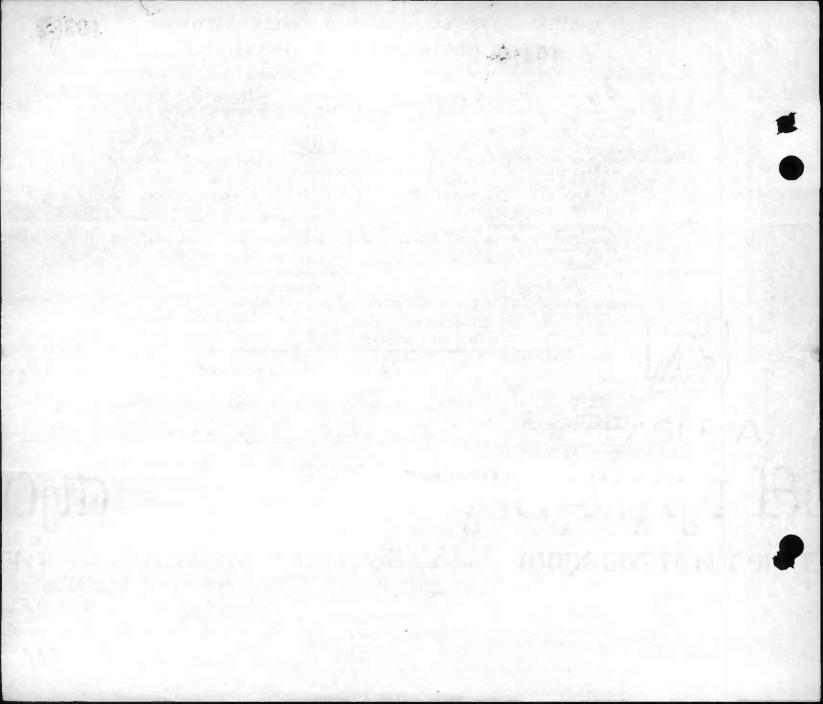
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10410 CERTIFICATE OF DEATH

Reg. Dist. No.

10387

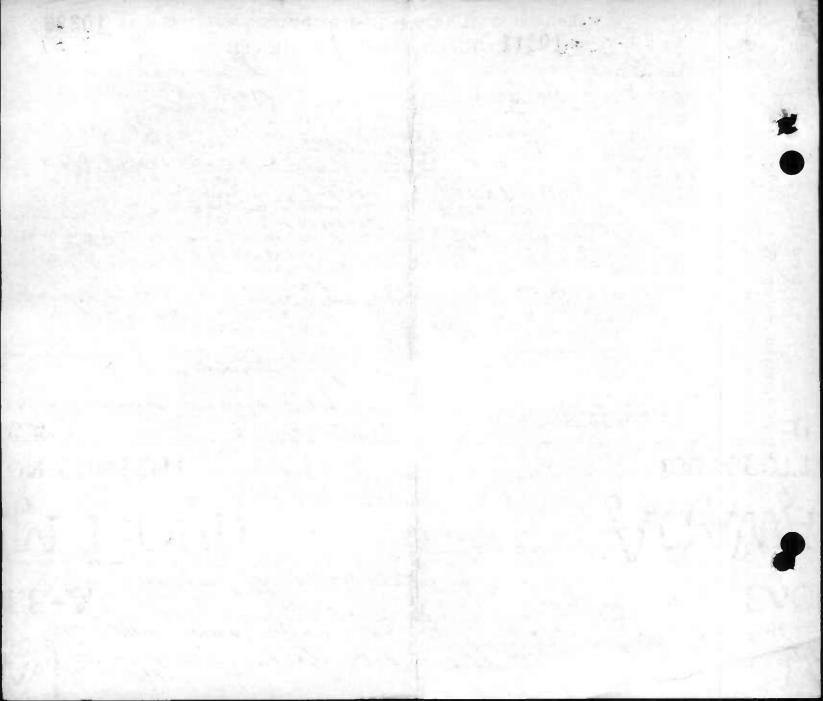
1.0210		
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	A h
COUNTY ANNE ARUNDEL MARYLAND	STATE Manyland COUNT	ry A.A
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits, write RURAL an	d give nearest town)
X TOWN MABOTHY BEACH SYEARS	TOWN Magothy Bear	el X
HOSPITAL OR INSTITUTION OR REVERSED LIVE	STREET (If rury give location)	1
STREET ADDRESS // WOUSEM Jum	Kwarsiele Herwe	
3. NAME OF DECEASED: (First) (Middle) (Middle) (Type or Print) MARY ELIZABETH	SUNCH 4. DATE (Month) (Day) OF DEATH: Nov. 22	(Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE; ' WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: If UNDER I YE Months Da	
FEMOLES WHITE (Specify): Widowed May	122, 1808 6 / yrs.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	Balto. County, Md.	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
CYRUS BECK	lenknown	
15 Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service)	informant & ADDRESS: na Ford - magothy Beach	
18. MEDICAL CERTIFICATI	ION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11	Onset And Death
Immediate cause (a) CEREBRA	OL HEMORRHAGE	2 days
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, (b)	is Cardio Vascular Alexans	4 years
giving rise to the above cause stating the underlying cause last. DUE TO	1 + 1 . 11 1 11.	11.
(c) lesterson	lustic Cardio Vanulas House	4 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
O I	(CATINEY) (CATINEY) (CATINEY)	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, Office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/20	,1955, to 11/22, 1955, that I last	saw the deceased
alive on/1/22, 19.55, and that death occurred at (Degree or title)	11: 20 P. From the causes and on the date s	TE SIGNED
23. BUBAL, CREMATION, DATE THEREOF NAME OF CEMETE	Juviera Beach, mel.	1/23/55 (State)
Bureal 11/26/55 Oak Fan	RY OR CREMATORY LOCATION (City, town, or con Camelon Bultimore Bo.	maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Wm-Good me. 1017 fb.	Paul fl.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10388

10411 CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY ANNE ARUNDEL MARYLAND	MARY AND	00
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE MARYLAND COU	NTY / //
OR and give nearest town) TOWN R. 200	OR O	
NORAL - FASADENA 00 grand		DENA P.O.X
HOSPITAL OR BAYSIDE & BELHAVEN	STREET (If rural give locatio	n) /
O STREET ADDRESS ROAD	BAYSIDE & BELHAUEI	× ROAD
	(Last) AOLL 4. DATE (Month) (De OF DEATH: NOV- 2	(Year) 19 5 5
RACE: WIDOWED, DIVORCED.	OF BIRTII: # 16, 1869 9. AGE last birthday: IP UNDER I Months Months	YEAR IP UNDER 24 HRS. Days Hours Min.
Tout Cook of Cook Allon, dive killy of 100, Killy of Dusiness on	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired): HOUSEWIFE	MAAYLAND	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.).1
GEORGE WASHINGTON KESS	MARY ANN OWENS	
	INFORMANT & ADDRESS:	THE WEST COMME
(Yes, no, or unk.) (If Yes, give war or dates of service)	THELMA KELLY (DAUGHTE	ERJ
18. MEDICAL CERTIFICATION	ON	Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Deat
260x	un I krombosis	1 days
Immediate cause (a)		
Antecedent causes (s)	relicatio landes Vanular Show	14
Diseases or conditions, if any, (b)	relieve landes lander the	w loyears
stating the underlying cause last. DUE TO	1 to 11 11 11 1	
(c) Lual	ales Melleles	10 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May	10H/2 to Naus 2 105 to that I las	t saw the decrased
12 10 las and 55	0. 0.4 0 th	D Saw one december
alive on 10/3/, 19.55, and that death occurred at	7:20 F.M; from the causes and on the date	stated above.
9. Brades Smith M.D.		12/55
	RY OR CREMATORY LOCATION (City, town, or	
BURIA (Specify) 11/6/1957 Mt. Zion C	HUYCH (EM. MAGOTHY - A.A.C.	o, MD.
DATE REC'D BY LOCAL RYCISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Marsfall P. Llayer 638 N. GILME	ADDRESS
-11/0/22 N.W. Harron		mD.
/	/ / / / / /	



TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

this

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

after death.

10389

10381 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENC	E (HOME) OF DECEASE	D
COUNTY ANNEARUNDEL MARYLAND	AJD	COUNTY A.A	- ,
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (it outside corporet	COUNTY 7 / 7	inest town)
OR end give nearest town) A macho 1 1 5 (in this place)	OR		7
10 Styles Conductive Control 1	TOWN WOODE		7
HOSPITAL OR INSTITUTION OR OF G. G. Leneral	STREET ADDRESS	(If rurel give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) MARY	CARTER	4. DATE (Month) OF DEATH NOV	(Doy) (Yoor) 7 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify)	04 1000	AGE ast birthday IF UNDER Months	Days IF UNDER 24 HRS Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Aboute	11. BIRTHPLACE (Slete or foreign	country) 12	2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
Henry Johnson	Mary V	Vate	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, (pive wer or deles of service)	William	E Cliver	2
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN
UNACARDIAL	MEDROTIAN		11011E
7 000	INFARCTION		10000
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	OTIC HEART	DISTASE	10 YPS
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) (Cour	nty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While Not while et work et work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from AUGUS	The sales of the s	OBER 1955, that I	
alive on 100, 19.55, and that death occurred a		ses and on the date state (SS (Street, city, town, state)	
John G. Barwan M.D.	90 Cathro	11 00 17	mapelis, M
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or county	ma (State)
24. REC'D BY REGISTRAN & SIGNATURE	25 FUNERAL DIRECTOR'S SK	Tayler Cons ()	ADDRESS mapolis
DATE COST TIPOS III	Manne 14.	7	mel

ISMRECERTIFICATE OF DEATH

BUREAU V. B.

2

24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10412 CERTIFICATE OF DEATH

I. PLACE OF BEATH			2. USUAL RESI	DENCE (HOME) OF E	ECEASE	D	
COUNTY Anne Arundel	MAR	RYLAND	STATE Ma	ryland COUNTY	Ralt	imor	e City
CITY (If outside corporate limits, write RUR OR and give neerest town)	RAL LENGT	H OF STAY	CITY (If outside	corporata limits, writa RURAL	and give nea	rest town	The Color of the C
★ TOWN Crownsville		2 days	TOWN	ltimama dita		21	101-4
HOSPITAL OR		z uays	STREET	Itimore City	va location)	v	01-4
INSTITUTION OR A STREET ADDRESS			ADDRESS		,		. 1
(1) Crownsvill	e State Hosp	ital		nknown			
3. NAME OF (First) DECEASED	(Middle)		(Lest)	4. DATE (Mo	nth)	(Dey)	(Yaar)
(Type or Print) Henry			Chavers	DEATH	11	0	19 55
5. SEX 6. COLOR OR 7.	SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE		9. AGE last birthday	IF UNDER	1 YEAR	IF UNDER 24 HR
Male Negro	(Specify) Unk.		Unk.	60? yrs.	Months	Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work	I 10b, KIND OF BUS	INESS	11. BIRTHPLACE (State of			. CITIZE	N OF WHAT
dona during most of working life, even It	OR INDUSTRY					COUN	
OHAHOWH	Unkno	wn	Unknown				
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME			
Unknown			Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FO		SECURITY NO.	17. INFORMANT	& ADDRESS			
(Yas, no, or unk.) (if Yas, give wer or dates of Unk.)	f servica) Unk		Hosp	ital Records			
Olik.		MEDICAL CE	RTIFICATION	1000140		INITS	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEAD	ING TO DEATH					ON	SET AND DEATH
237 XMMEDIATE CAUSE (A	Brain Tum	038				IIn	known
2110	0	-					45460 1144
ATTICCEDENT CAOSE(S)						100	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING DATE	7 D		0 1-274		-	
TO THE DEATH BUT NOT RELATED TO THE	Bllatera	1 Bronch	opneumonia,	Sypnilis			
	AJOR FINDINGS OF OPERA	TION				20	. AUTOPSY?
							NO T
21e. ACCIDENT WAS UNDERLYING ☐ 21E OR CONTRIBUTING ☐ CAUSE OF DEATH OF	b. PLACE (Homa, farm, fa	actory,	21c. WHERE DID INJURY O	CCUR? (City or town)	(Cour	nty)	(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY street, office bldg.	., atc.)					
21d. TIME OF INJURY (Month) (Day) (Yaar			21f. HOW DID INJURY C	CCUR?			
400 400 600 600 600 600 600	M. While	Not while at work		-			
22. I hereby certify that I attend	ad the decreed for	10/7	10 55	71/0 10 5	5		
22. I nereby certify that I affend	led the deceased from	пжжү	, 17		Z, that I	last say	w the deceased
	and that de	ath occurred a		he causes and on the			
AL OSIGNATURE TO ALL	10 M CMA MILL	1.1.1	A 19 19 19 19 19 19 19 19 19 19 19 19 19	DDRESS (Street, city, to	vn, stala)	1	DATE SIGNED
HIXXXXIA HENRY	AND THE PROPERTY	M.D.		Crownsville,	Md.		11/10/55
23. BURIAL ERDAATION, DATE THE		OF CEMETERY OF					(State)
Burial 11/1	4/55 Crow	msville	State Hospit	al Crownsvi	lle, l	[ary]	Land .
	R'S SIGNATURE		25. FUNERAL DIRECTO		-	ADDRESS	
11-14-55- KO	as VHI	00		Eichert, M. D			
DATE 11 7 4 3 3	11-1901			,			, , , , , ,

THE CERTIFICATE OF DEATH

BUREAU V. S.

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State And State of the State of bragged hind have waren

V5 A15C 1-55 10M

INSTRUCTIONS

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10413 CERTIFICATE OF DEATH

10391

174

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ANNE Arundel MARYLAND.	STATE M D' COUNTY A A
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this place)	CITY (Il outside corporete limits, write RURAL end give neerest town)
X TOWN Deverna lark 46, 46, 46	TOWN Severna JOURX
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS LEMPERS (If Jural give Jocetion) Rd,
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Reuben Chotlon	OF DEATH / - 2 - 50.
5. SEX 6. COLOR OR 7. SINGLE (MARRIED) 8. DATE OF WIDOWED, DIVORCED,	
M C , (Specify)	18 80 yrs. Months Deys Hours Min.
done during most of working life, even if CA-INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY2.
retired Former Form	Va, 14.0.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ayenown	(Currowy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Effel Clapton
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
420. / IMMEDIATE CAUSE (A) "- My Car DA	al Villarchon
ANTECEDENT CAUSE(S) DUE TO	10.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	La Chilesaction
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stelf)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED 2 While Mile et work et work	RIF. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from O	185 To Nov. 1965 That I last saw the deceased
SIGNATURE)	ADDRESS (Street, city, town, state) DATE SIGNED
M.D. C	Levery His 21 hours
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) (Slete)
REMOVAL (SPECIFY) 11-2.5-55 157 6300	Tist Seven as Park me
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE NOV. 2955 L. Delle	William Reese I Annopolio, m

MIANGER THE CATE OF DEATH

SEC I JEC

BUREAU V. S.

The law requires that the death certificate be executed within

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

10332 CERTIFICATE OF DEATH

r this	MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	10393
ar death. After	10332 CERTIFICATE	OF DEATH Reg. Dist	. No. 2/
the thi	1. PLACE OF DEATH COUNTY Anne Arundel MARYLAND	STATE Marylan COUNTY Anne	Arundo 1
director,	CITY (If outside corporate limits, write RURAL OR end give neerest town) TOWN Annabelia	CITY (If outside corporate limits, write RURAL and give need OR TOWN Pasadena (Rusa)	yest town)
within 72 funeral dire	63 STREET ADDRESS Anne Arunde General Hosp-	STREET (If rural give location) ADDRESS THEEN Gables, Mounta	in Road.
registrar w by the fu	3. NAME OF DECEABED (First) (Middle) (Las (Capella Capella Cap	OF DEATH VOY	(Day) (Year) 19 3 3
the regi	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 7 000 Tu/y 4.	1879 76 yrs. Months	Deys Hours Min.
ed with the y filled in permit.	106. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retirad) four sewerk Own Home	BirthPLACE (State or foreign country) 12 12 12 12	COUNTRY?
D > G	13. FATHER'S NAME FIRED WITTESSEL	Susan Kuhn	
rtificate be fi and complete burial transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, giva war or detas of service)	Fredanck W-Cox St. 730	Light :1-
0.10	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE (A)	cation acciden	INTERVAL BETWEEN ONSET AND DEATH
0 5 3	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	,	2 years
nding pred for	STATING UNDERLYING CAUSE LAST. DUE TO (C)	sclerosis	
equires that e attendir detached	TO THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
law re by the	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
ror: The executed mbly shoul	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	VHERE DID INJURY OCCUR? (City or town) (Cour	nty) (Steta)
DIRECTOR: s been exect ate assembly	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work at work	HOW DID INJURY OCCUR?	
ha ha	22. I hereby certify that I attended the deceased from	19 to that I have and on the date state ADDRESS (Street, city, town, state)	
certificate had death certific	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREM	ATORY LOCATION (City, 18wn, or county	(State)
VS AIR	24. REC'D BY REGISTRAR REGISTRARY SIGNATURE 25. 25. 25. 25. 25. 26. 27. 27. 27. 27. 27. 27. 27. 27. 27. 27	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS M
3 - 26	DATE MOS. 11, 1955 11 1 Toursel 1	- Jungueon Xum	W. 70) /1/0-

HTASC TO STADRITUSED COLFT BUREAU V. S. 101 10 100

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

this this

after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10393

10414 CERTIFICATE OF DEATH

1. PLACE	OF DEATH	Cro	ownsville		2. USUAL RESI	DENCE (HOME) OF	DECEASED	
COUNTYA	nne Arundel		ownsvirke	AND	STATESarvla	ad count	Calvert C	ount.v
CITY (if c	outside corporate timits, w		LENGTH O	F STAY	CITY (If outside o	orporate limits, write RURAL	end give neerest to	wn)
. 70014741	nnapolis		(in this p		OR TOWN O	nga Mamrlan	3	111 2.
HOSPITAL			14 year	1.2	STREET	ngs, Maryland	ive location)	4x-2
INSTITUTION	N OR				ADDRESS	(ii turor y	ive locellolly	
O SIKEEL ADI	DRESS Crownsvi	lle State	e Hospita					<u>√</u>
3. NAME O			(Middle)		(Last)	4. DATE (Me	onth) (De	Y) (Year)
(Type or Pri				Curtis		DEATH NO	v. 5	19559
5. SEX	6. COLOR OR	7. SINGLE, N	ARRIED,	8. DATE		9. AGE lest birthday	IF UNDER 1 YEA	
M-7 -	RACE	WIDOWED WIDOWED	, DIVORCED,	0-+	20 2040	06	Months De	ys Hours Min.
Male	Negro		. KIND OF BUSINES		28 ,1869 11. BIRTHPLACE (State or	86 yrs.	4 1	TITELL OF MALAY
done durin	a most of working life, a		OR INDUSTRY	3	II. DIKITIPLACE (State of	toreign country)		TIZEN OF WHAT
retired) L	aborer				Maryland		U.	S.A.
13. FATHER'S N	NAME				14. MOTHER'S MAIE	DEN NAME		
Mason	n Curtis				Camalán	e Howell		
	ASED EVER IN U. S. AR	MED FORCES?	16. SOCIAL SEC	URITY NO.	1 17. INFORMANT	& ADDRESS Dia	Tanaha Dan	-1-1 500
(Yes, no, or unk.	1				Eurbia Cu	& ADDRESS Phone		
7/?					Harry Hu	tchings Owi	ings Mary	Pland
DISEASES OR GIVING RISE T STATING UNDI	WAS UNDERLYING	DUE TO (B) DUE TO (C) ONTRIBUTING) THE EATH (9b. MAJOR FINDING 21b. PLACE	Gangrene (Congestive Note of the Midth	mputation toe Hear Sar Symiatric Amr	t Failure		(County)	20. AUTOPSY? YES NO (State)
(IF EITHER, NOTI	NG CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY (Month) (Day)	(Year) (Hour)	21e. INJURY OCC	URRED DI While	21f. HOW DID INJURY O	CCUR?		
			leceased from	/ /	7., 1957., to 11	/ /		
SIGNAT	TURE A RULE	elether		M. D.	Crownsy.1	DDRESS (Street, city, to	wn, state)	DATE SIGNES
23. BURIAL, CI	(SPECIFY)	ATE THEREOF	Crown	CEMETERY OF		tel Crown	wille	(State)
DATE	REGISTRAR	GISTRA'S SIGNA	Source	e_	arnoll II	Exchart M.	D. Craus	
		()					per 7	rench

BERLAG S. (P. of smoot) petrolyce (2) A SIGNAL THE PARTY SUREAU V. S. 5361 91 AOI A The second of second party of the second o A LANCE OF THE STATE OF THE STA The second of the second of the second

STARTIAND STATE DEPARTMENT OF BULLYS-DALESMEER, 18

CERTIFICATE OF DEATH

INSTRUCTIONS

this

24 hours after death.

10395

10393 CERTIFICATE OF DEATH

			7 1
	D1-4	B. R	21
ea.	LJIST.	No.	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
(1. ()	ma a
COUNTY MARYLAND	STATE /// COUNTY CC.
CITY (If outside topporate limits, write RURAL LENGTH OF STA' OR end give negatast town) (in this place)	CITY (If outside corporate limits, write RURAL and give naerest town)
10 TOWN Chmabolis	TOWN / 12 had
HOSPITAL OR	STREET // iff rural give location)
INSTITUTION OR	ADDRESS / A DOCEMBRY
63 STREET ADDRESS (, G. Veneral	lo St Marys
3. NAME OF (First) (Middle)	(Day) (Year)
(Type or Print)	TOURS DEATH 11 = 22 55
fine filly	Number 19 00
5. SEX 6. COLOR OR 7. SHNGLE, MARRIED, 8.	DATE OF BIRTH 9. AGE lost birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
+ Muto sporthy rrio-	4-7-1897 JR yrs, Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Stope during most of working life, even if OR INDUSTRY	M. And And COUNTRY?
Mouse will Home	Crownsville Md. M. S.U.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
makest to attorione	Mary Gal Tour
Tover Sievens	May Oge Sayman
15. "WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unk.) (If Yes, give war or dates of service)	NO. INFORMANT & ADDRESS
(if res, give wai b) dates of service)	John M. Nawes Jr.
18. MEDICA	L CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	PISSET AND DEATH
443X IMMEDIATE CAUSE (A) / LILLAND DAL	oller Todalk , Sushed
7-4	at purchase states
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	and the Market see
(c) Typula	sign all the the second
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	YES NO NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
While Not while	
M. at work at work	
22. I hereby certify that I affended the deceased from	1953 , to 11-22 , 195) , that I last saw the deceased
. /2//	,
SIGNATURE SIGNATURE	rred at. A. from the causes and on the date stated above.
L. L.	ADDRESS (Street, city, town, steta) DATE SIGNED
(flever Tobby M.	
23 BURIAL, CREMATION, DATE THEREOF NAME OF GEMET	FRY OR CREMATORY LOCATION (City, town, or county) (State)
JOHNOVAL (SPECITY)	Comes Comapolis Mil
24. REC'D BY REGISTRAR REGISTRATURE	in the state of th
The state of the s	25) FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE NOV. 28, 1953 111 170000	from 14. Luyer loss majores 1/2

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\$51,160 AON TO CHILD BE INCOMED AND THE CANADA CONTRACTOR OF THE CANADA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10394 CERTIFICATE OF DEATH

	RTMENT OF HEALTH-BALTIMORE, 18
10394 CERTIFIC	ATE OF DEATH
	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY and Crundil MARYLA	
CITY (if outside corporate limits, write RURAL LENGTH OF OR end bive neerest town)	(a) OR
HOSPITAL OR MARGOLIS	TOWN Harwood
90 STREET ADDRESS Homewood Connotiscen	STREET (Il rurel give location) Howe
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey)
(Type or Print) Gertrude	Dawson DEATH NOV. 5
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UI Months Days Hi
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	VIA; 28 /864 8 60 yrs.
done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY)
13. FATHER'S NAME	CHURCHTON MD. U.S.A.
T? 11 D:	CINDERELLA PERRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUI	
(Yes, no, or unk.) (If Yes, give wee or detes of service)	
18. MED	CAL CERTIFICATION INTERVAL
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AI
33 (A) IMMEDIATE CAUSE (A)	~ nemmunge
DISEASES OR CONDITIONS, IF ANY, (B)	sed arthropelerosis
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AU
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jarm, fectory,	YES _
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCUR While Not	hile —
M. el work at w	
	1 30 , 19 50, to MN 5, 19 5 5, that I last saw the
signature	coursed at 1, 2, 10 P.M., from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATI
Emily H. Inlem	M.D. Lothan med 11/2
23. BURIAL, EREMATION, REMOVAL SPECIFY) DATE THEREOF NAME OF CI	METERY OR CREMATORY LOCATION (City, town, or county)
BURIAL MOVE 1953 MT 2	ION CEM. LOTHIAN N
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE JOHN M. TAYLOR SON ANNAPO
	I JOHN M. TAYLOR SON ANNAFO

ST. ESCUART LAND STATE OF HEATHARD STATE GRASTEAM

STARGESTE OF STATE

50801

BUREAU V.

SIGN IT NON

24. The lift , 15. 5. Add the strong on be with 164 plants willing 1 the

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third cepy of death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10415 CERTIFICATE OF DEATH

10397

COUNTY Anne Arundel MARYLAND	16- 23 D-341	
COUNTY ANNE Arundel MARYLAND	STATE Maryland COUNTY Baltimore	City
CITY (It outside corporeta timits, write RURAL LENGTH OF STAY	CITY (If outside corporata limits, writa RURAL end give nearest town)	
OR and give nearest town (in this place) Town Crownsville 4 yrs. 2mos.	2days Town Baltimore City 3V	
HOSPITAL OR		- 4
INSTITUTION OR	ADDRESS	
O STREET ADDRESS Crownsville State Hospital	908 N. Shuter Street	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day)	(Yaer)
(Type or Print) Julia	Downing DEATH 11 27	19 5
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED,	OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF U	NDER 24 I
F Negro (Specify) Single 11/	14/49 6 yrs. Months Days H	ours M
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT
done during most of working life, even if or INDUSTRY retired) None — -	Maryland U. S.	
INOTIO	Maryland U. S.	
LevinDowning	Sarah Smith	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
Yes, no, or unk.) (If Yas, give war or dates of sarvice)	Hospital Records	
18. MEDICAL C		BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET A	ND DEAT
CO2X IMMEDIATE CAUSE (A) Hypostatic Brond	nopneumonia Known	to u
DUE TO	2 d	ays
DISEASES OR CONDITIONS, IF ANY, (B) Pulmonary Tuber	ulosis	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Since	hiret1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congenital Inter	nal Hydrocephalus	OTI OI
198. DATE OF OPERATION / 196. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
11-25-55 Enucleation of right e	YES X	NO [
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)		(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
While Not while et work		
0/05	19. 51 to 11/27 19. 55 that I last saw the	
22. I hereby certify that I attended the deceased from		decea
	at. 4. P. M, from the causes and on the date stated above.	
SIGNATURE IF O O		E SIGN
Slanley (Sargean M.D.	Crownsville, Md. 11/2	8/55
23. BURIAL, CREMATION, DATE HEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county)	(State
Burial 11/30/5T mt. Cal	von Cen a.a. Cont	ha
24. REC'D BY REGISTRAR REGISTRAD'S SIGNATURE	25 UNERAL DIRECTOR'S SIGNATURE ADDRESS	10/16
n ancet X m Char	W. VIII RONYIO	

TALLEL AND STATE DIPLOTED TO HEALTH-EALTH-EALTHORE IN

DUE CERTIFICATE OF DEATH

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Depend state	Parties .		121	mark to
10 TH			t 128 le Calbrianie	
			32.176	
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Home Trees all Each geoil al	ann somme Leo do Espais Leo fuis Leo fuis	avense e		
		Sense de la companya		Supplies to the state of the st

The state of the s

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10335 CERTIFICATE OF DEATH

10398

1. PLACE OF DEATH		i 2. USUAL RESIDENC	TE (HOME) OF D	ECEASED	
COUNTY Anne Arundel CITY (If outside corporate limits, write RURAL	I LENGTH OF STAY	CITY (If outside corpora	COUNTY	ad aire appeal torre	1
OR end give nearest town)	(in this place)	OR	sia ilmiis, whila KUKAL a	un dine ligerant town	"
O TOWN Annapolis	3 yrs.		imore		3101.4
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural giv	re location)	
O STREET ADDRESS Homewood Nursing	Home		Lyndale Av		/
3. NAME OF (First)	(Middla)	(Last)	4. DATE (Mon	th) (Dey)	(Year)
DECEASED			OF DEATH		
ONCOD EDERUMIT				Nov. 11th	
5. SEX 6. COLOR OR 7. SINGLE, MACE WIDOWED.	ARRIED, 8. DATE	OF BIRTH 9	. AGE last birthday	Months Days	Hours Min.
(Specify)	dowed April	26. 1871	A), yrs.	Monins Days	Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	n country)		EN OF WHAT
dona during most of working life, evan if	OR INDUSTRY	U.S. Carlotter			NTRY?
grave digger c	emetery	Balto Md	AME	USA	
o. Patrick o Name		14. MOTHER 3 MAIDEN IN	PUNE		
Unknown		Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT & A	DDRESS		
(Yas, no, or unk.) (If Yas, give wer or detas of service)		F F Tage	ahn, 7401 H	Relair Rd.	Ralto 6
	18. MEDICAL CE		dillig [HOL]	INT	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH			ON	SET AND DEATH
420.0 IMMEDIATE CAUSE (A) C	DRONARY C	TICHEART D			HOUR
ANTECEDENT CAUSE(S) DUE TO					/
DISEASES OR CONDITIONS, IF ANY, (B)	TERIOSCHEPOI	TK HEART D	ISEASE	UN	KNOWN
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
(C)				- 90	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
198. DATE OF OPERATION 196. MAJOR FINDIN	GS OF OPERATION			20	O. AUTOPSY?
O .				YES	NO D
	ioma, farm, factory,	21c. WHERE DID INJURY OCCUR	(City or town)	(County)	(Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER)	et, offica bldg., etc.)				
	21a, INJURY OCCURRED	21f. HOW DID INJURY OCCUR	?		
	While Not while at work				
	11/7/	FF 10 . 11/11	10/-		4 1
22. I hereby certify that I attended the de					
alive on // / 1955	and that death occurred				
SIGNATURE		ADDR	ESS (Straat, city, low	n, state)	DATE SIGNED
& award spec	M.D.	1 sutherete	Que Co	carpelin	1411,50
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town	n, or county)	(State)
burial 11/12/55	Baltimore O	lom of ome	Dollaiman	264	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR'S S	Baltimore,	ADDRESS	S
0h 1 01	0-7	19 17			
nath as 14 10.55 1 1mm	Val Ohow of	11 11 / 7		4 71.07 D	7 - 10 - 1

HTAEG ROSTRICATE OF DEATH

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BUREAU V. S.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10416 CERTIFICATE OF DEATH

TUBER O. 7. II. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	
DA	Md.	1.15
COUNTY	STATE COUNTY	the time
CITY (If outside eprporate limits, write RURAL LENGTH OF STAY	CITY (If outside comporate limits, write RURAL and give nea	rest town)
OR and give mearest town / [I] ORIV (in this place)	TOWN FOINT PLEAS	ANI. Y
X TOWN TOTALT TER DRIVE	101111 /0777	X
HOSPITAL OR	STREET (If ryral give location)	01
INSTITUTION OR STREET ADDRESS LOKE AND C	ADDRESS DEDIE BNd	1) 1
STREET ADDRESS O LOKE / 1700	O hole IAN C	11100
3. NAME OF (First) - (Middle)	(Last) 4. DATE (Month)	(Day) (Yaar)
DECEASED ///	Francis & COF	Ac man
(Type or Print) 5/1/3 Marry Ed	WOLFGS 3/ DEATH F	120 1935
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	OF BIRTH 9. AGE last birthday IF UNDER	1 YEAR IF UNDER 24 HRS.
RACE , WIDOWED, DIVORCED,	Months I	Days Hours Min.
(Specify) 20 1-6	-81 7L yes.	
10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS		CITIZEN OF WHAT
done during most of working life, avan if OR INDUSTRY		COUNTRY?
retired) Carpenter Ward Baking Co.	Virginia	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
is. Patrick S NAME		
Charles Edwards	Virginia ?	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	LAwid. OU	me
18, MEDICAL CER		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	ONSET AND DEATH
De la land	ison and was	f day
44 40 MIMMEDIATE CAUSE (A)	MAMORNARGE	1009
ANTECEDENT CAUSEIS DUE TO	,	
THE COUNTY CONTROL OF THE PARTY	re Heart Disease	The state of the s
DISEASES OR CONDITIONS, IF ANY, (B)	LILLIAN MISSON	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (Cour	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., atc.)	21c. WHERE DID INJURY OCCUR? (City of fown) (Cour	iry; (Srein)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
While Not while		
M. at work L at work L	1	
22 I handles martifes that I attended the decorate from Min V	10 52 1 NAV 10 55 should	last case the desented
22. I hereby certify that I attended the deceased from	19.5.1, to 19.9.1, 19.5.1., that I	last saw the deceased
alive on 11-30 19.5. and that death occurred at	M, from the causes and on the date state	d above.
signature of off	ADDRESS (Streat, city, town, state)	DATE SIGNED
(Mallo Vincentil 8 MA)	Valance Proces a Mell	44 - 304 - cm
ANNICATION IN M.D	THE DULLE IN	11-233
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stata)
REMOVAL INCECIFY)	13 - 5	
12. 11- 50	10) Allo.	
24. BOCID BY REGISTRAR REGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A
71 101	1 4 7 2 6 11 -1	. //
DATE W. 23, 1953 Junis J. De albas	MICCOLLY TONEXBI	ElemE.
1		
	130 E. FOLT AU	E.

Ellis Harry Edwards Si and 11 CEREPTAL HOMOTHIAGE Mypertensive Heart Disease BUREAU V. S. to Pulling Progress forth

TO LIE CERTIFICATE OF DEATH

INSTRUCTIONS

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10417 CERTIFICATE OF DEATH

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	T	7 36	U	00

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEAS	BED
COUNTY Anne Arundel	MARYLAND	STATE Maryla	nd COUNTY S	t. Mary's
CITY (If outside corporate limits, write RURAL OR end give necrest town)	LENGTH OF STAY		te limits, write RURAL end give	nearest town)
X TOWN Crownsville	8 days	TOWN Hollyw	rood	18x-2
HOSPITAL OR INSTITUTION OR ASSET ADDRESS AND ASSET ADDRESS AND ASSET ADDRESS AND ASSET AS A SECOND AS A SECOND ASSET AS A SECOND AS A SECO	anital	STREET ADDRESS None	(If rurel give loceti	on)
o STREET ADDRESS Crownsville State Ho	Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
OFFICE OF Print) DECEASED (Type or Print) Bertha	Middle	Fenwick	DEATH 11	10 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV. (Spacify) Wi	ORCED.	9.9/97	AGE lest birthdey IF UN Month	
	OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foreign Maryland	country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Not listed Oseph H.	Barbe.	Not listed		· Barber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unk.) (If Yes, give wer or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT & AD		
Unk.	Unk.	Hospital I	Records	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		ONSET AND DEATH
cmall.	bowel obstr	uction		
100 / Immediate cause	201102 00001			
DISEASES OR CONDITIONS, IF ANY. (B) Carc	inoma			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)	•			
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196. MAJOR FINDINGS	PAGUE	stasized squamou	s cell	20. AUTOPSY? YES NO
August, 1955 carcinoma of 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, o	small bowel	200 STATE OF INJURY OCCUR?		County) (Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, o	ffice bldg., elc.)	ZIC. WILLIAM DISTRIBUTION OF COMM.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. While		21f. HOW DID INJURY OCCUR?		77742
M. at wo		FF 33/	10 . 55 .	
22. I hereby certify that I attended the decea				
alive on11/10, 1955, and	that death occurred	at8:30aM, from the ca	uses and on the date s	lated above. DATE SIGNED
fildeland leard le	ITT MUSE	Crown	sville, Md.	11/10/55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY C		LOCATION (City, town, or co	unty) (Stete)
Burial 11/1/55 24. REC'D BY REGISTRAR REGISTRAR'S STGNATURE	St. John	25. FUNERAL DIRECTOR'S SI	Hollywood, Mo	ADDRESS
DATE //-14-55 (flows 1).	Your D. Alien	XB. Olak	inson Theo	noodhun
at. M. y	egeces 1			

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USELF CERTIFICATE OF DEATH

sert settle pett. It as Street Street Bally to

the small self-smill Visit ? S. In the community of the

the state of the s

24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10418 CERTIFICATE OF DEATH

10401

Reg. Dist. No. 26

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY a a MARYLA	AND STATE ZED COUNTY Q Q
CITY (It outside corporata limits, write RURAL LENGTH OF	
OR end give nearest town) (In this pla	OR TOWN Galisville
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Lest) 4, DATE (Month) (Day) (Year)
(Type or Print) DAVID HOWARD) FOSTER DEATH NOU 13 195.
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	B. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24
M W (Spacity) Matried	Aug 30 1892 63 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	COUNTRY?
relied Restuarant owner Sea Soc	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAUID M FOSTER	Florence E Yetes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	IRITY NO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS Molly U. Foster Listesuille Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	DICAL CERTIFICATION INTERVAL BETWEE ONSET AND DEAT
420.0 Acute	Cornery Occusion ummedi
ANTECEDENT CAUSE(S) DUE TO	salar Hotel the same
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	weeking manginase second
STATING UNDERLYING CAUSE LAST, DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	, 21c, WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCUR While Not	RRED 21f, HOW DID INJURY OCCUR?
M. et work et w	
22. I hereby certify that I attended the deceased from	, 1955, to flesen, 19 , that I last saw the decea
alive on	occurred at 1.38.1.M, from the causes and on the date stated above.
SIGNATURE A	ADDRESS (Street, city, town, state) DATE SIGN
The Henomicho	M.D. Shady Side Mo. 1100.1519
REMOVAL (SPECIFY)	EMETERY OR CREMATORY / LOCATION (City, town, or county)
	nglog Natl VARLINATON UA
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE : Doward Collens	cont Derwed Harderly

Z .V UABRUB

TOLIS CERTIFICATE OF DEATH

TANK TANK TO BE THE PARTY OF TH

3 3

After this

the registrar within 72 hours after death. in by the funeral director, the third con

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10402

10386 CERTIFICATE OF DEATH

Reg. Dist. No.

P =	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
the the	COUNTY A A : MARYLAND	STATE MD COUNTY AA
or,	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (If outside corporete limits, write RURAL end give nearest town)
Process of the section of the sectio	OR and give nearest town) TOWN All 1 A POL (S) (In this place)	TOWN ANNAITALLS
어분	HOSPITAL OR	STREET (If rurel give location)
5.75	INSTITUTION OR	ADDRESS (Il rurel give location)
within	STREET ADDRESS 301 N, /AYLOR AVE	301 N. JAYLOR HVE
	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)
registrar by the	(Type or Print) MADELINE J. FR.	ANK DEATH NOV 24 1955
gis +	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
he re in by	F RASE WIDGWED, DIVORCED, Specify) JAN	8 1896 59 yrs. Months Days Hours Min.
4 P	10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if OR INDUSTRY	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
wit ille	relired) HOUSEWIFE	SYRACUSE NY. COUNTRY'A.
Per	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
mpletel	Unknown	nnknown
e b tra	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
cat	(Yas, no, or unk.) (If Yes, give wer or detas of service)	trouble (trans
rrtifica and c burial	18. MEDICAL CERT	TIFICATION INTERVAL BETWEEN
0 0	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
as as	416 X IMMEDIATE CAUSE (A) Cerebral end	Elism 24 dre
de hys	ANTECEDENT CAUSE(S) DUE TO	1.1-00.7-
the or u	DISEASES OR CONDITIONS, IF ANY, (B)	i ou ciar ou you
400	STATING UNDERLYING CAUSE LAST. DUE TO DO COLLEGE DUE	An Ani- and
attendi etached	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- least Berion yh.
atte	TO THE DEATH BUT NOT RELATED TO THE	
000	DISEASE OR CONDITION CAUSING DEATH.	
¥ pg	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
P P P	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
R: The la scuted by ly should	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
exec nbly	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	W. HOW DID INJURY OCCUR?
e e	M. at work at work	
Deen been asse	22. I hereby certify that I attended the deceased from [0] [0]	1952, 10 11/24, 1955, that I last saw the deceased
DIRE s been	1.1171	La. A.M., from the causes and on the date stated above.
has fical	SIGNATURE 0 0 00	APDRESS (Street, city, town, stete), DATE SIGNED
NERAL DIRECTOR: ficate has been exect h certificate assembly 1-55 10M	Frank M. Skupley M.D. (mul li nel ulzalor
Zige #	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	REMATORY LOCATION (City, town, or county); (State)
certific death A15C 1-	REMOVAL (SPECIEY)	1 / hal mad
0	24. REC'D BY REGISTRAR RECOTRAGE SIGNATURE	1 comapous marious
7 5		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAL MA
	DATE PLOW, 28, 1955 11 10000	from 11. vegat to a majure of

EL BROKITIAE-KILASE TO THEMES SHOTLATE THA VEAM

A 1936 OFFITTION TO PERSON

BUREAU V. S.

SEET SE AON-

burial transit permit.

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After jo

copy death. third

1. PLACE OF DE COUNTY /

> CITY OR

S. SEX

TOWN HOSPITAL OR INSTITUTION OR

NAME OF DECEASED

(Type or Print)

10a. USUAL OCCUPATI

FATHER'S NAME

(Yes, no, or unk.)

21d. TIME OF INJURY

done during most retired 645

death.

24 hours after

MARILAND SIAIE DEPARIM	ENI OF HEALTH	-DALIIMORE, II	104	103
10419 CERTIFICAT	F OF DE	ATH		
4 CERTIFICAL			g. Dist. No	24
E OF DEATH	2. USUAL RESID	ENCE (HOME) OF DE	CEASED	
YANNE ARUNDEL MARYLAND	STATE MAR	I.ANI) COUNTY	A.A.	
(II outside corporata fimits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside co	rporate fimile, write RURAL en	d give nearest town)	
SEVERNA PARK (RURAL) 20 YRS		RNA TARK	(KURAL	×
AL OR ON ;	THE STREET ADDRESS	(If rural give	locetion)	- 1
ADDRESS I VERDIDE DRIVE HOLLY WOODSEY	IEW RIVERSID	EDRIVE, HOLL	-YWOOD DA	SEVERA
EOF (First) (Middle)	(Last)	4. DATE (Mont	h)/ (Dey)	(Yeer)
Print) MARY HYDE	FROST	DEATH	V 14	1955
6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	E OF BIRTH	9. AGE lest birthdey		IF UNDER 24 HRS.
E WHITE (Specify) WIDOW OCT	27, 1876	19 yrs.	Months Deys	Hours Min.
OCCUPATION (Give kind of work uring most of working life, even ff OR INDUSTRY	1. BIRTHPLACE (Stele or fo	oreign country)	12. CITIZEN	OF WHAT
GUSE WORK (RETD) OWN HOME	ST LOUIS,	Mo.	4.5	A,
'S NAME	14. MOTHER'S MAIDE	N NAME		
RLES HOLCOMB	BARBARA	7 VONTOLCE	OFT	
ECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	TLY WOOD	on SEVERI
unk.) (If Yes, give wer or dates of service)	MESHARRI	ET FOURA	SEVERNIA	2 TARKY

18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH MMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION

(Month) (Day)

21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

(Year)

(Hour)

OF INJURY street, office bldg., etc.) Whlla

et work

21a. INJURY OCCURRED

21c. WHERE DID INJURY OCCUR? (City or town)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I				
alive on Null	19.5.5, and that death of	occurred at 130 P.M. from the	e causes and on the d	ate stated above.

Not whife et work

M.D. NAME OF CEMETERY OR BURIAL, CREMATION, DATE THEREOF CREMATORY 23. REMOVAL (SPECIFY) B

Y. 15

25. FUNERAL DIRECTOR'S SIGNATURE

LOCATION (City, town, or county) (State) OLL

20. AUTOPSY

NO

(State)

YES

(County)

24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

death certificate assembly should certificate has A15C 1-55 10M S

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ATTENDING

SEE IS VON

BUREAU V. S.

CHELLINGARY OF MY COM WITH METHOLDS in my he should where

HTARO ROADENTERS OF DEATH

registrar within 72 hours after death. After this by the funeral director, the third copy of this

INSTRUCTIONS

The law requires that the death certificate be

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled in certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIAN OR HOSPITAL:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10420 CERTIFICATE OF DEATH

10404

- Dies No 21

1.2. USUAL RESIDENCE (HOME) OF DECEASED

	COUNTY O A CO MARYLAND	STATE MARY / HALL COUNTY 17. CO	T. Co
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporete limits, write RURAL and give near	rest town)
	OR end-give neerest town) TOWN (in this plece)	TOWN PARTY A MARKETO P.	1:- X
	HOSPITAL OR	STREET (If rure) give location)	5/5
	INSTITUTION OR	ADDRESS	11
	OD STREET ADDRESS	HOCKLEY MA	
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dey) (Yeer)
	(Type or Print) Limbala IT	C TT DEATH //	1th 555
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF	F BIRTH 9. AGE fest birthday IF UNDER	1 YEAR JIF UNDER 24 HRS.
	RACE WIDOWED, DIVORCED,	Months	Deys Hours Min.
	te Col (Specify) W /-/	13-1865 90 yrs.	
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR ANDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
н	retired)	Maryladd	7150
н	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	acon-
	1. 1. 11.	Dua M	/
	WILLIAM HENSON	MANIATIA AIII	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	- ANNMARIAPARKET- HOCK	Klev HAIIN
	18. MEDICAL CER		INTERVAL BETWEEN
-	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A+ 11 1 1	ONSET AND DEATH
f	443X IMMEDIATE CAUSE (A) Thorit I son	ALL HUNDERSUT	
	ANTECEDENT CAUSE(S) DUE TO		NO ITALE
ŝ	DISEASES OR CONDITIONS, IF ANY, (B)	serlar disers	INC. 12,1935
7	GIVING RISE TO THE ABOVE CAUSE DUE TO	111	/ //
	(c) Wheeler	101	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
×	19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
			YES NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	C1c. WHERE DID INJURY OCCUR? (City or town) (Coun	(State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?	
	M. at work at work		
	22. I hereby certify that I attended the deceased from the	9, 1955 to MAT 6, 1955 that I	last saw the deceased
		21311M, from the causes and on the date state	
V	alive on	ADDRESS (Street, city) town; state)	DATE SIGNED
ğ	(1) + (1) + (1) + (1)	1. de total	1 119/60
-55	23. BURIAL CREMATION. I DATE THEREOF I NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, of county) (Sfoto)
Ü	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (CITY, TOWN, ON COUNTY)	/(3/6/6)
×	Durial Hotos FOWLE	r Deslon	1 e 191d
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	DATE MOV. 14.1955	William HOOSPII-118	WASHST
	J. U. O. O. O. C. C.	0 1400	41 1
		LINNKHALIE	MICH

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WILLIAM FERSON

Francis Louise

Merched R.a. Co Runal-Harna Pekis HOCKLEY HALL

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1-13-1865 90 MARY LAND 225A

ANN MATICA HILL

RAWMANAPATKER HOCKLEY HAMM

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William Reesett 108 WASH, ST 三月月 在一个人

Junal 11-10-55 FOWLER BESTEATE, Md

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A15-VS. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	CTITAL	DETTE		F W W W W	OT	TATE	-
-	CERT		: 4		(3 H.	1 1 147. 7	V 1 1 1-1

	CERTIFICATI	E OF DEAT	Reg. Dis	t. No.
1. PLACE OF DEATH: DISTRICT TRAINING	School Hospital	2. USUAL RESIDE	NCE (HOME) OF OECEASE	:0:
COUNTY ANHE Arundel	MARYLANO	STATE Wash	ING FON COUNTY DISTRA	ctol Columbi
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY	CITY(If outside of	corporate limits, write RURAL	and give nearest town
X TOWN NOL AUTE /	141 - 9months	TOWN OF C	AFNSTON, D.	C. 47x
HOSPITAL OR DISTRICT TRAI	INING School	STREET	(If rural give location)
STREET ADORESS LAURCH MA		73	1-220 St.	N.E
3. NAME OF (First)		(Last)		(Day) (Year)
(Type or Print) CHARLES	Robert G.	EORGE	OF DEATH: // -	10 1955
5. SEX: 6. COLOR OR 7. SINGLE, RACE: WIDOWE	D DIVORCED		. AGE last birthday IF UNDER I	
MALE WHITE (Specify)	SING/6 1-2	8-52	3 yrs. Months	Days Hours Min.
	S. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
	1stitution	WASHINGT	ON. D.C.	U. S. A.
3. FATHER'S NAME:		14. MOTHER'S MA		
WILLIAM E. GEORGE		VIRGINI	A DOWNING	
IS, WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT &	ADDRESS: Accords	26
(Yes, no, or unk.) (If Yes, give war or dates of service)	NONE	District Training	9 School, LAUREI,	Maryland
I DISEASES OR CONDITIONS DIRECTLY	8. MEDICAL CERTIFICAT	_		INTERVAL BETWEEN
DISEASES OR CONDITIONS, IF ANY.	(A) Congen	ital H	ycho cefshalu	1. 34x 10m
STATING UNDERETHING CAUSE LAST.	(C)			
II OTHER SIGNIFICANT CONDITIONS CO				
OISEASE OR CONDITION CAUSING DE	1 1	emia		1 mo
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATIO	N		20. AUTOPSY?
7				YES NO
21A. ACCIDENT WAS UNDERLYING 21IOR CONTRIBUTING CAUSE OF DEATH OF	B. PLACE (Home, farm, fac INJURY street, office bldg.,	etory, 21c. WHERE D	(Court) (Court)	nty) (State)
DF INJURY M.	21E INJURY OCCURRED While Not while at work	D 21F. HOW DID II	NJURY OCCUR?	
22. I hereby certify that I attended the alive on 10 Nov., 1957, and SIGNATURE Francis In Ma	that death occurred at	M, from the ADDRESS	e causes and on the date TRAINING School	stated above. TE SIGNED L. L Jurel Ma
23. BURIAL, CREMATION, DATE THEREO	5 West Train	ent of crematory	Lawel, mo	or county) (State
DATE DEC'D DV LOCAL DECICTOAD'C	SIGNATIRE //	I/ 240 FUNERAL D	INFITERY .	ADDRESS /

BUREAU V. S.

ALLEY OF THE LOUIS OF BRIDE

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BUREAU V. S.

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VS A15C 1-55 10M

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

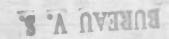
10408

10422 CERTIFICATE OF DEATH

I. PLACE O	FDEATH				2. USUAL RESII	DENCE (HOME) OF D	ECEASE	D	
COUNAnn	e Arundel		MARYL	AND	STATE Same	COUNTY	Same		
CITY (If ou	itside corporate limits, wri	e RURAL	LENGTH OF		CITY (If outside o	orporate limits, write RURAL		erest town)	
X TOWN and	Glen Burni	0	(in this p		OR TOWN	Same			V
HOSPITAL O		.0	1 40	7ears	STREET				
INSTITUTION	OR				ADDRESS		ve location)		1
STREET ADDE	RESS Aquahart	Rd.			Sam	0			
3. NAME OF DECEASE			(Middle)		(Lest)	4. DATE (Mo	nth)	(Dey)	(Year)
(Type or Print				Grii	ecar	OF DEATH	Noven	nhan	20 55
5. SEX	6. COLOR OR	7. SINGLE,	MARRIED.	8. DATE		9. AGE lest birthdey		RIYEAR	29 19 55 IF UNDER 24 HR
	RACE	WIDOWE	D, DIVORCED,				Months	Devs	Hours Min.
F.	White	(Specify)	Married	1/2	4/79	76 yrs.		-	1.000
	CUPATION (Give kind of most of working life, ev		b. KIND OF BUSINESS OR INDUSTRY	S	11. BIRTHPLACE (State or	foreign country)	1		N OF WHAT
retired)	Housewife	WIT II	OK INDUSTRI		Austria-Hung	ary. Europe		COUN	trian.
13. FATHER'S NA					14. MOTHER'S MAID			nuop	or rate.
Henry	Muller				Anna Fai				
	SED EVER IN U. S. ARM	ED EODCES	1 16. SOCIAL SECI	IDITY NO	17. INFORMANT				
(Yes/no, or unk.)	(If Yes, give wer or d			JKIII NO.					
01	I I	0	None		Miss.Cat	herine Griiss	ser, (d	laugh	ter).
T DISEASES OF	CONDITIONS DIRECTLY	LEADING TO D	18. MEI	DICAL CE	RTIFICATION				RVAL BETWEEN
a DISEASES OR	COMDITIONS DIRECTED	LEADING TO D	CAIR					ONS	SET AND DEATH
331X 1A	AMEDIATE CAUSE	(A)	Cerebi	cal He	morrhage			2	4 hrs.
AN'	TECEDENT CAUSE(S)	DUE TO							
DISEASES OR C	ONDITIONS, IF ANY,	(B)	Ganan	7 And	erio slerosis				- 0
GIVING RISE TO STATING UNDER	THE ABOVE CAUSE	DUE TO	01191 9	T.L. M.L. C	erro sterosis				ro 3.
		(C)	100						
	ICANT CONDITIONS COL								
	BUT NOT RELATED TO TO TO TO TO THE PROPERTY OF A STATE								
19e. DATE OF O	PERATION 198	. MAJOR FINE	INGS OF OPERATION	1				20	. AUTOPSY 2
6								YES	
21a. ACCIDENT	WAS UNDERLYING TO		(Home, farm, fector)		21c. WHERE DID INJURY OF	CCUR? (City or town)	(Cou	inty)	(Stete)
	Y MEDICAL EXAMINER)	OF INJURY S	treet, office bldg., etc.	1					
21d. TIME OF INJ	JURY (Month) (Dey)	(Year) (Hour)	21e. INJURY OCCU		21f. HOW DID INJURY OF	CCUR?			
		M.		while					
00 11				(1	1011 33	100			
					, 1944, toll				
	.11/.28	95.5	and that death	occurred	at 12.05A. Mom th	e causes and on the	date state	ed abov	e.
SIGNATI	URE ()	1	Aux		A	DDRESS (Street, city, tow	vn, stete)		DATE SIGNE
such	ENE ITTA	echer	oun	M.D.	Glen Burnie.	MA	11	/29/	55
23. BURIAL CRE		E THEREOF	NAME OF	CEMETERY O	R CREMATORY	LOCATION (City, tow	n, or count	y)	(State)
KEMIO YAL (Series & A	le 2-	15 /km	Ky (INCH	Brook Qual	66	Gil	100
24. REC'D BY RE	GISTRAR	ISTRAR'S SIGNA	ATLIRE	14	25. FUNERAL DIRECTO	DIS SIGNATURE	न्त	6700	vu-
Dasi	1013	2001	22011		23. POREKAL DIKECTO	1 2 1. 8	30 m	MUNESS	a mal
DATE //CC-	1-1920 0	- 1 'L	Illeba.	V	1 roman	of your	/	0.011	- /

MAPPLAND STATE DEPARTMENT OF HEALTSCHALTHOUR, 18

Res. Disa No.	MIARM NO			
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	Acta (March 1)		to the temperate	
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		WHEN THE PROPERTY AND STATES		
The same same	~ g.~	Contract of the state of		
f	tennite of	mital deservi		



5961 8 3962

certificate be executed within

INSTRUCTIONS

10388 CERTIFICATE OF DEATH

21 Reg. Dist. No

1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECE	CASED
COUNTY Anne Arundel	MARYLAND	STATE Maryland	COUNTY	Anne Arundel
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate	limits, write RURAL end g	ive nearest town)
OR end give neerest town) TOWN Annapolis	(In this plece)	TOWN Annay	polis	10
HOSPITAL OR		STREET	(If rurel give lo	cetion)
INSTITUTION OR STREET ADDRESS 207 McKendree	Ave.	ADDRESS 207 McK	endree Ave	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) MARIE		GROLLMAN	DEATH	MRER 27 19 55
	MARRIED. B. DATE			UNDER 1 YEAR JIF UNDER 24 HRS.
RACE WIDO	WED, DIVORCED,	70 7000	Mc Mc	onths Deys Hours Min.
	w Widowed Janua		83 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
retired) House wife	own home	Baltimore, Mar	ryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Robert Zorn		Augusta (I	Jnknown)	
15. WAS DECEASED EYER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADD	RESS	same as
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Mrs Sidney V	. French- D	
				I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH . MEDICAL CE	RTIFICATION	1.	ONSET AND DEATH
11221	Murea	die Straw Ul	12.2	3 w/s.
422 IMMEDIATE CAUSE (A) _	2 - 1	way et mange	years.	V 1
ANTECEDENT CAUSE(S) DUE TO	() 1/A	c. 0. 11/2000	Matadias	2. J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
GIVING RISE TO THE ABOVE CAUSE	The state of the s	man where	Contraction of the contraction o	The state of the s
STATING UNDERLYING CAUSE LAST. DUE TO				/
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		: // /		
TO THE DEATH BUT NOT RELATED TO THE	No.	ni letra		4m.
DISEASE OR CONDITION CAUSING DEATH		The state of the s		
196. DATE OF OPERATION 196. MAJOR FI	NDINGS OF OPERATION			YES NO
	CE (Home, farm, fectory, f street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (State)
21d, TIME OF INJURY (Month) (Day) (Year) (Hou	r) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
M	While Not while			
		- 11	40	
22 Thereby certify that I attended the	e deceased from	, 19,50, , 10	A.Z, 19.2.2,	that I last saw the deceased
arive on 11-27- 19.5-5	, and that death occurred a	at	ses and on the date	stated above.
SIGNATURE /			55 (Street, city, town, st	DATE SIGNED
Man William	M.D.	Cruck	who total	11-28-55
23. BURIAL, CREMICTION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	OCATION (City, town or	county) (State)
Burial 29.	Loudon Park	Cemetery	Baltimore.	Maryland
24. REC'D BY REGISTRAR REGISTRARY SIG		25. FUNERAL DIRECTOR'S SIG		ADDRESS
11-28-86	7 0	Chen for 19	1 se	WINDOTTO M
DATE	DARK	HOPPING FUNERA	L/IDEA	NNAPOLIS, MD.

MTARG TO STADISTRED BEATH - fa mu - auma - cas (etchesia) adturnal Prograndial of marting in the street of 3 in s Limber THE THE PARTY OF THE PARTY OF MINERAL

The law requires that the death certificate be executed within

INSTRUCTIONS ATTENDING PAYSICIAN OR HOSPITAL

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10423 CERTIFICATE OF DEATH

10410 Reg. Dist. No.

6 0	Marrial and	
COUNTY MARYLAND	STATE Maryland county Anne	
CITY (If outside corporete limits, write RURAL LENGTH OF STAY (in this piece)	CITY (If outside corporete limits, write RURAL and give nearest OR	I town)
X TOWN 300 1 MMLG 1CH 434"	North Linthicum	X
HOSPITAL OR	STREET (If rural give location)	/
OSTREET ADDRESS ZINThiceson	ADDRESS 300 Nursery Road	
3. NAME OF (First) (Middle)		Day) (Year)
(Type or Print) Haber Korn - I rank	E C. OF DEATH NOV. 1	8, 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF		
N W (Specify) Mer - Sep	18 1861 88 yrs.	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if QR INDUSTRY	11. ARTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
retired) Lasher General	Dermany,	USA-
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Freda !	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yas, no or unk.) (If Yes, give war or dates of service) None	Wire I sabell Habet	PIZLOU
AO	TIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A)	ONSET AND DEATH
422 / IMMEDIATE CAUSE (A) Cardes_ UCAS	Cula Disease	Co Mis.
ANTECEDENT CAUSE(S) DUE TO	,00	1- 1/4
DISEASES OR CONDITIONS, IF ANY, (B)	deress-	10 -13 ym
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		/
(C)		
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		YES NO
21s. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
	If. HOW DID INJURY OCCUR?	
M. While Not while of work at work		
22. I hereby certify that Vallended the deceased from AMA	19.38., 10.11. 18, 19.5, that I la	st saw the deceased
alive on	5	above.
SIGNATURE AND	ADDRESS (Street, city, town, stete)	DATE SIGNED
Mas. A. Wall LMD. I	inthicum Me.	11116122
23. BURIAL, CREMATION, DATE THEREOF NAME OF GEMETERY OR C	REMATORY LOCATION (City, town, or county)	(State)
Burial Nov. 21, 1955 Cedar Hil	ll Cem. Anne Arum el (CO MA
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE AD	DRESS ?
10 V 2 2 1333 / 11 00 0 1	George J. Gonce 4001 Ritc	hia Hamma
DATE Caldwell Hoodruff	GEOTE O GOUGE 4001 KICC	hie Hgwy.

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SI MEDICAME TRAFF OF THE METRASTO STATE SMALLERARS.

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SDCS. FTYERING

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10389 CERTIFICATE OF DEATH

10411

Reg. Dist. No. 21

1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DEC	CEASED
county Anne Arundel Maryland		d COUNTY A	
CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (If outside corpor OR	ete limits, write RURAL and	give neerest town)
OR end give neerest towa) (in this place) 8 yrs	TOWN Anna	polis,	10
HOSPITAL OR	STREET	(If rurel give	focation)
INSTITUTION OR	1000000		
STREET ADDRESS Anne Arundel General Hospital) Ann	apolis Stree	T
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) LYDA HI	ERR	DEATH NOV	EMBER 3 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C			IF UNDER 1 YEAR LIF UNDER 24 HR.
RACE WIDOWED, DIVORCED,	The second second	7	Months Days Hours Min.
	ry 26, 1868	87 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT
done during most of working life, even if or INDUSTRY retired) House wife Own Home	Shepherdstown	W Va	USA
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN N		UDA
Jacob Rush	LYDA Rus	n	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	36. 27.91	TT (7	" ~
18. MEDICAL CER	Mr Walter E	. Herr, Son	SAMO AS # 2
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATING	1		ONSET AND BEATH
221X	LOMANA V.	90	2/1/10
33 1 A IMMEDIATE CAUSE (A)	J 20114-1014	7	1
ANTECEDENT CAUSE(S) DUE TO	0. (Se mal	1 1 141
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	course.	Jew Law	201 // 1
STATING UNDERLYING CAUSE LAST. DUE TO	- / (77 112
EX CAPITO SIGNIFICANT CONDITIONS CONTRIBUTING			1 171
TO THE DEATH BUT NOT RELATED TO THE			///
DISEASE OR CONDITION CAUSING DEATH.			V
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED While M. Not while et work	21. HOW DID INJURY OCCUR	?	
	>r- 11	79 /	
22. I hereby certify that alrended the deceased from			
alive on	5.30 M, from the ca	auses and on the da	te stated above.
SIGNATURE A		ESS (Street, Elt), town,	
SIGNATURE 771		// 6 /	/ 1
ATTURE IN THE REAL PROPERTY OF THE PARTY OF	(Part)	de las	11-7-1
paine la Martin M.D.	Chavala	LIGHTON ICH	or rounty) (State)
23. JURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	or county) (State)
23. JURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMAYORY netery	Shepherdsto	
23. FURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24. REC'D BY REGISTRAR REQUIRED M.D. MAME OF CEMETERY OR REQUIRED SIGNATURE	CREMATORY	Shepherdsto	
23. JURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR Burial Nov. 5,1955 Elmwood Cem	CREMAYORY netery	Shepherdsto	own, West Virgini

WARTHAND STATE OSPANYAUNG OF REALTH-BALTIACORE, 12

OE DEATH DEATH	ERTIFICATE	15 @88001
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despired to the second second	and no	, Expension
一位,这个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一		diridi dona)
in formal francis	Center of second	
5.335-11-3-55 Grandolos Judy 11-3-5		11-3- 1 55-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10390 CERTIFICATE OF DEATH

10412

Reg. Dist. No. 21

1 2. USUAL RESIDENCE (HOME) OF DECEASED

-	COUNTY Anne Arundel	MARYLAND	STATE A	MARYL	AND	COUNTY	An	ne Arı	undel	
10	CITY (If outside corporate limits, write RURAL OR end give neerest town) TOWN	(in this place)	CITY (III OR TOWN		porate limits	, write RURAL a	nd give	neerest town	10	
51	HOSPITAL OR U.S. Naval Hospit STREET ADDRESS Annapolis, Maryla		STREET ADDRESS	402	Adams	(If rural gives		Port,	Anna.	
3.	DECEASED	Middle) uise HOF	(Lest) FFMAN		4.	DATE (Mon	oth)	(Day) 23	(Yea	
5.	SEX 6. COLOR OR 7. SINGLE, MARRI WIDOWED, DIN (Specify) Sin	ORCED.	of BIRTH November]	1955	9. AGE	last birthdey yrs.	IF UN Month	DER 1 YEAR	Hours	Mig.
10a		D OF BUSINESS INDUSTRY	11. BIRTHPLACE		reign count	ry)		CÓÜN	OF WH.	AT
13.	FATHER'S NAME		14. MOTHER	R'S MAIDEN	NAME					
	Joseph Alfred HOFFMAN		Wai	nda L	ouise	YOUNG				
15.	*	. SOCIAL SECURITY NO.		DRMANT &			7//			
(Yes	, no or unk.) (If Yes, give war or dates of service)	None	I	Hospit	tal R	ecords &	& Fa	mily		
-47		18. MEDICAL CE	RTIFICATION						RVAL BETV	
1/1	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	homiter of the r	amamatumi t	h ==			771		ay&3h	
7	76 X IMMEDIATE CAUSE (A)	turity with p	premacuri	Ly			774	100	aya()11.	
	ANTECEDENT CAUSE(S) DUE TO									
GIV	EASES OR CONDITIONS, IF ANY, (B) ING RISE TO THE ABOVE CAUSE ITING UNDERLYING CAUSE LAST.									
STA	TING UNDERLYING CAUSE LAST. (C)									
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
19a.	DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION							O. AUTOPS	
-	CONSTRUCTION OF THE PLACE ALL	to the state of th	21c. WHERE DID IN	HIIDV OCC	Tip 2 (City	es lowe)	10	County)	(State	
OR	ACCIDENT WAS UNDERLYING 21b. PLACE (Hom CONTRIBUTING CAUSE OF DEATH OF INJURY street,		21c. WHERE DID II	DOK! OCC	OK! (CII)	or town/	10	_ounty,	(3141)	"
	TIME OF INJURY (Month), (Dey) (Year) (Hour) 21e. M, A, at w.		21f. HOW DID IN	NJURY OCC	UR?					
-	. I hereby certify that I attended the dece		10 55	to 23	Nov	10 55	4h	t I last sa	w the de	coased
22										Cessed
	alive on 23 Nov. 1955 and	W.	J.S. Nava	I Hee	PHEAS	(Street, city, tow	(n, stete)		DATE SI	
	JOAN T. EGAN, JR.	M.D.	Annapolis	, Mar	yland	TION (City, tow	O OF CO.		4 Nov	. 195 Stete)
23.	BURIAL, CREMATION, REMOVAL (SPICIFY) DATE THER OF	ME OF CEWELERA O	K CKEMATORY		10					31414)
0.1	Buria November 26.	55 Forest C	25, FUNERAL	DIRECTOR	C1	rclevil	le,	Ohio ADDRESS	5	
24.	REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1	12	7701	-///	1//				
DAT	11-25-55	1	HOPPING	FUNE	RAL H	DIFFE A	NNAI	POLIS.	MD	
3	AVEAE 3 111, - U,	UMME								

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10391 CERTIFICATE OF DEATH

10413

Reg.	Dist.	No. 21
DECE	ASED	

1. PLACE OF GEATH		2. USUAL RESIDENCE (HOME) OF DECEA	SED
COUNTY 4 /-/	MARYLAND	STATE MD- COUNTY A	
CITY (II outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give	neerest town)
OR end give neerest town	(In this place)	TOWN ALLIADOLIC	10
HOSPITAL OR		STREET / / / (II rural give loce	lion)
STREET ADDRESS 94 MARKET		ADDRESS 94 MARKET	
3. NAME OF (First)	(Middle)	(Lest) 4. DATE (Month)	(Dey) (Year)
(Type or Print)	H. HO	ChiDAV DEATH NOV	13 1955
5. SEX 6. COLOR OR 7. SINGLE, MA	ARRIED, 8. DATE		NDER 1 YEAR IF UNDER 24 HRS.
. (Specify)	VIDOW HOLLY	124 1871 84 yrs. Mon	ths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during ingst of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
retired) HOME HOU	ISE WI FR	MARYLAND	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
CHARLES KING		Sophia FISHER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	-4-
(in res, give war or dares or service)		WOHW. B. HOLLIDAY JR.	#2
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
111124	en el al	The 1 they live	1
443 NIMMEDIATE CAUSE (A)	ugurn	112 and vectoring	"yourselles
ANTECEDENT CAUSE(S) DUE TO	1500 5 K	te horain	Ada. 492
DISEASES OR CONDITIONS, IF ANY, (B) X 2	1	- carry cy ca	wood Lay
STATING UNDERLYING CAUSE LAST. DUE TO	terral Her	Le Pausier	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	77		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
198. DATE OF OPERATION 196. MAJOR FINDING	GS OF OPERATION		20. AUTOPSY?
			YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	lome, ferm, lactory, et, olfice bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)
	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	While Not while I		
22. I hereby certify that I attended the de	eceased from	8, 1955, to 100 13, 19 39, th	at I last saw the deceased
alive on Moy 17 1955, a	and that death occurred a	at. 1,32 ft.M, from the causes and on the date :	stated above
SIGNATURE	1	ADDRESS (Street, city, town, stell	DATE SIGNED
Holium I would	M.D. /	Lucaporties mil	11-14-55
23/ BURIAL, CREMATION, DATE THEREOF, ROMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY LOCATION (City, fown, or co	ounty) (State)
GURIAL 4/18/55	St. (-IN)	NES HUMAN	s Mr
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	URE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Dr. 151955 11	11	L. W. first + Your	View ort mil
DATE / LOU . 13, 1733	MARKE	10 11/10/10/10/0000 (unifore, 14.
/ ////			

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HEARD ROBTADINITARY

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TO ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10424 CERTIFICATE OF DEATH

10414 Reg. Dist. No.

1. PLACE OF DEATH Llen Burn	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY and Orendel MARYLAND	STATE Maryland COUNTY Com, asendel.
CITY (If outside corporate limits, write RURAL LENGTH OF STA	AY CITY (If outside corporete limits, write RURAL and give nearest town)
OR end give neerest town) TOWN Len Burne (in this pleca)	
HOSPITAL OR	STREET ((If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS (II total give location)
3. NAME OF (First) (Middle) (Race of Part of Ra	ryord Hoy - A. DATE (Month) (Day) (Year) OF DEATH NOV. 16, 19 5
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8.	
mole white (Specify) married	July 4, 1887 68 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS V	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
Dell' Miller C	C. J. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
p5, 1 Hoy-	Harriett Elsrode.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yas, give wer or dates of service)	-9347 ms. Canoll Hoy.
18. MEDICA	AL CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
422. IMMEDIATE CAUSE (A) Cardio.	Vascular Disease 10 grass
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
TO THE DEATH BUT NOT RELATED TO THE	GOm.
DISEASE OR CONDITION CAUSING DEATH.	well.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
CONTRACT WAS UNDERNOON OF LOW OWNER.	YES NO Z
21e. ACCIDENT WAS UNDERLYING ☐ CR. CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, ferm, factory, OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	
M. at work et work	
22. I hereby certify that I attended the deceased from	19 45, to 21 15, 19 J.S., that I last saw the deceased
alive on Mar. 14 10 5 5 and that double according	urred at G. A.M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
James S. Bellingplea M	1.0. 108 Cortial ary. The Burny med nate, 4
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	ETERY OR CREMATORY LOCATION (City, town, or county) (State)
LURIAL NOV. 19 1955 (TLEN)	MAYEN GLEN BURNIE MA
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25/ FUNERAL DIRECTOR'S SIGNATURE / ADDRESS
12 23 1950 F & ACAO!	- (1) () () () () ()
DATE / CO / C	- Midular Fren Junie 10

MARYLAND STATE DEPARTMENT OF PEALTH-BALTER ORDE, 10

MIARO ROLLINGATE OF DEATH

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BUREAU V. S.

SG61 ga 10

director, 72

funeral within

burial transit permit.

completely

the attending physician and se detached for use as a buri

death certificate assembly should be

A15C 1-55 10M

registrar the by .= with

FUNERAL DIRECTOR: The law requires that the death certificate be filed

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executed

certificate has been

0

The bottom copy may be retained by the hospital or attending physician.

HOSPITAL:

PHYSICIAN

ATTENDING

law requires that the death certificate be

this After of df copy hours after death. the third

19425 CERTIFICATI	E OF DEATH
1. PLACE OF DEATH COUNTY C. C. MARYLAND	STATE COUNTY 2 C
CITY Ill-reside corporate limits, write/RUR/EL OR and bive nearest town) TOWN TOWN	CITY (If ourside opporate limits, write RURAL end give powest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (First) (Middle)	STREET (If foret give location)
(Type or Print) Millelin Luther to	Less DATE (Month) (Dey) (Year) OF DEATH // 2/ 1953
5. SEX 6. COLOR ON 7. SINGLE, MARRIED, WIDOWED, SINGRED, (Specify)	nce 14.1870 Job yrs. Months Days Hours Mir
10e, USUAL OCCUPATION (Give kind of work done during boot of working life, evan if retired)	11. BIRTHPLACE (Steta or foraign country) 12. CITIZEN OF WHAT COUNTRY?
John Thomas Hutchins	14. MOTHER'S MAIDEN NAME Owing
15. WAS DECEASED EVER IN U. S. ARMED FORCES 2 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service)	Mr Kinsheld Sulchins Choring,
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTHE CATION INTERVAL BETWEEN ONSET AND DEATH

MMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH

MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES T

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, farm, factory, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) 21e. INJURY OCCURRED (Day) (Year) (Hour)

21c. WHERE DID NJURY OCCUR? (City or town)

that

22. I hereby certify that I-ettended the deceased from that death occurred

Am, from the causes and on the date stated above. ADDRESS (Street, city, town, state)

(County)

BURIAL, CREMATION, REMOVAL (SPECIFY)

19a. DATE OF OPERATION

DATE THEREOF

NAME OF REMETERY OR CREMATORY

Not while

LOCATION (City, town, or county)

(State)

NO

REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE

Williams

While

at work

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2120

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SGGT BR ADK

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or extending physician.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10426 CERTIFICATE OF DEATH

104162 Reg. Dist. No...

1. PLACE OF DEATH						
		2. USUAL RESIDEN	ICE (HOME) OF D	ECEASED	65	
COUNTY Anne Arundel	MARYLAND	STATE Marylar	d COUNTY	Baltimore	City	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corpo	rete limits, write RURAL o			
X OR end give neerest town) Crownsville	(in this piece) 71 days	OR TOWN Rollin	ore City	2.	VOI-	11
HOSPITAL OR	1 11 days	STREET		ive location)	VO f-	y-
INSTITUTION OR		ADDRESS				- 7
O STREET ADDRESS Crownsville State		The second secon	W. Mosher S			M
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10427 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

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Eustave Neuchesonie - Examiner Glen Burnie, Md. 11/29/55	Rushard Maudist mil Examinar	w DID INJUI	RY OCCI	Inquiry above, and	thereon an	ry) (ST ad from the ny opinion DATE	evidence resulted
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OF	w DID INJUI y , Inspect ied on the da termined DRESS	etion	Inquiry A above, and	thereon an death in m	nd from the my opinion DATE 11/29/	evidence resulted
REMOVAL (Specify) Dec. 1/85 Glen Haven Cem. Glen TSuinto, Moryland	1341-12/ Lec. 1/955 (7/en /tover	w DID INJUI y , Inspect ied on the da termined DRESS	etion	Inquiry A above, and	thereon an death in m	nd from the my opinion DATE 11/29/	evidence resulted
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. F	w DID INJUI	etion , stated	Inquiry of above, and	thereon an death in m	nd from the my opinion DATE 11/29/	evidence resulted
	DEG. 1955 - L' Dalla	w DID INJUITED IN THE PROPERTY OF THE PROPERTY	etion Many stated	Inquiry of above, and onie, Md.	thereon an death in m	ounty) (ST	evidence resulted SIGNED (State)

BUREAU V. S.

SEC 5 1922

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10421

Reg. Dist. No.

10393 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY A REO MARYLAND	STATE MC COUNTY N. A. CO.
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (if outside corporete limits, write RURAL end give neerest town)
OR end give neerest town) // TOWN Annapolis	TOWN ANN 2Dalis, Mid. 10
HOSPITAL OR ANNO ANNO ANNO ANNO ANNO ANNO ANNO A	ADDRESS Quapter's U.S. Experimental Sta
63 STREET ADDRESS Anne Arundel Gen'l. Hosp.	Hranklin Street
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Yeer)
(Type or Print) MARTH 2 M.	ANGE DEATH November 29, 19 55
S. SEX 6. COLOR OR 7. SINCE ADARRED 8. DATE O	1077
RACE WIDOWED, DIVERSITY NO V	Nonths Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if or INDUSTRY retired) housewife at home	Holland II. S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Meyers	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Annapolis, Md.
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Mr. Leonard P. Lange-U.S. NEES Otr J
18. MEDICAL CER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2 D To T
570.5 IMMEDIATE CAUSE (A) JULIS CONTROL	destruotion
ANTECEDENT CAUSE(S) DUE TO MERCHES A 10 Po	doning Colores 1845 12 ho.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Come may 81 god) 15
STATING UNDERLYING CAUSE LAST. DUE TO	- casalis remules
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	YES NO YES (State)
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE WHERE DID INJUNE OCCUR! (City of lown) (Couliny), (Siene)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from O. C.	19 19 to 1 1 last saw the deceased
alive on 11-25-1, 1955, and that death occurred at	
SIGNATURE H	ADDRESS (Street, city, town, steta) DATE SIGNED
John Maller M.D.	15 + Danila Com ST Amopulis And
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
Burial 12/1/55 Lorraine Pa	rk Cem. Lorraine, Md. Aud
24. REC'D BY REGISTRAR REGISTRAL SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE V 30 1955 / m. Lorenchy	Jan 7. Viller y Hous Mollo 1

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10428 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEAS	BED
COUNTY H	MARYLAND	STATE MI	COUNTY A	7
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this piece)	OR	porate limits, write RURAL and give	neerest town)
HOSPITAL OR	1304 rs		HHICUM	
INSTITUTION OR STREET ADDRESS 108 Sycamore	Rd.	STREET ADDRESS	(Il rurel give location	on)
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year
	rton L	-ewis	DEATH NOC	1 19
5. SEX 6. COLOR OR 7. SINGLE, MA RACE WIDOWED,	DIVORCED.	ATE OF BIRTH	9. AGE lest birthdey IF UNI	DER 1 YEAR IF UNDER :
10a. USUAL OCCUPATION (Give kind of work 10b.		C3 1862	72 yrs.	
done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHA
13. FATHER'S NAME	19cco	14. MOTHER'S MAIDEN	Md.	
Louis DOUALL Leu	015	Emily C.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO). 17. INFORMANT &	ADDRESS	2/
(Il Yes, give wer or detes of service)	none	Helen Leu	ADDRESS 108 S'y Com	sove Ra
1	18. MEDICAL	CERTIFICATION) mindicom	INTERVAL BETW
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA				HITTORY FOR DELTY
11991		0.4.		ONSET AND DE
4.2.2. IMMEDIATE CAUSE (A)		ascular Des	as.	ONSET AND DE
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)		ascular Des	as-	ONSET AND DE
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)		ascular Des	as.	ONSET AND DE
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO (B) OUE TO		ascular Des	as.	ONSET AND DE
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		ascular Des	no.	ONSET AND DE
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Cardis-V.	ascular Des	nos.	ONSET AND DE
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDIN	Cardin V	*		2D. AUTOPS
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IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDIN 21c. ACCIDENT WAS UNDERLYING 21b. PLACE (H OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour)	Cardio V. IGS OF OPERATION Home, farm, lectory, pet, office bidgs, etc.)	21c. WHERE DID INJURY OCC	UR? (City or town) (C	2D. AUTOPS
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ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDIN 21c. ACCIDENT WAS UNDERLYING OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M. 22. I hereby certify that I attended the dealive on the control of the c	IGS OF OPERATION Home, farm, lectory, et, office bidg., etc.) 21e. INJURY OCCURRED While of work at work and that death occurred when the company of the c	21c. WHERE DID INJURY OCCI	UR? (City or town) (C UR? Causes and on the date stopress (Streat, city, town, stete) Cay. Elsa Bank	ONSET AND DE CONSET AND DE CON
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2210 9014						

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10394 CERTIFICATE OF DEATH

10423

Reg. Dist. No. 2/

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY AND AYUNG & MARYLAND	STATE MD COUNTY A	1.
	CITY (If outside corporate limits, Write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give near	est fown)
	OR and give nearest town) TOWN A 14 14 3 20 6 1 5 10 10 10 10 10 10 10 10 10 10 10 10 10	TOWN A 11 11 2 12 1/-1 5	- 10
	HOSPITAL DR	STREET (If rurel give location)	1
	INSTITUTION OR SPA ROAD.	ADDRESS SPA RD	1
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Yaar)
	DECEASED	OF DEATH MOLD	37
	1419 CE GWCHOLL	EWE FINTHICUM 10012	19 19 19 19 19 19 19 19 19 19 19 19 19 1
	5. SEX 6. COLOR OF SINGE MARRIED, B. DATE OF	BIRTH 9. AGE last birthday IF UNDER Months	Deys Hours Min.
	F. W. (Specily) 1/3 AL	19/882 / 13 yrs.	
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11 IRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
	retired) Teacher, School,	HUNSBOLIS MN.	1. J. H.
	13. FATHER'S NAME	14. MOTHER'S MAIDED NAME	
	Theodore He Linthicum	Mitchell. Ju	rae Chin
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	1
	(Yes, no, or unk.) (If Yes, give wer or detes of service)		
	18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1.1 /	ONSET AND DEATH
	20 st 0 IMMEDIATE CAUSE (A) (1) LYMPHA	tic Leukemia.	
	ANTECEDENT CAUSE(S) DUE TO		
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		
	STATING UNDERLYING CAUSE LAST. DUE TO		
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
			YES NO
	21a. ACCIDENT WAS UNDERLYING 20. 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or Iown) (Count	y) (State)
	21d. TfME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	
	M. at work at work		
	22. I hereby certify that I attended the deceased from 23 20	J. 1955, 10 27 Mer, 1955, that I	last saw the deceased
	elive on 2.6 Mors, 19.5.7, and that death occurred at.	120/	
10M	SIGNATURE / /	ADDRESS (Street, city, town, stete)	DATE SIGNED
1-55 10	A. Haliy, M.D.	Deverno Oarp	27 nov, JJ
1	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)
A15C	Burgo 1-08-15 Corpor 1:	Well Simskol	o md
VS	24. REC'D BY REGISTRAR REGISTRADE SIGNATUR	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS / 2.
	DATE MOS. 28, 1955	John on Juy Cor Juno Com	napolis
	The state of the s		ma

II PROMITABE STANKEN OF SMATTER BY AVE CHARLES AND 68204 CERTIFICATE OF DEATH all styles and

BUREAU V. S.

SSEL CE VON - THE PROPERTY OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10395

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,	10424
CERTIFICATE OF DEATH	Reg. Dist. No. 2/
1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF	DECEASED
COUNTY O O MARYLAND STATE NAVY LANGOUNT	rada. Co.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL (in this place) OR	L end give nacrest town)
TOWN OR and give neerest town) TOWN OR AND POSITION OR TOWN OR TOWN	0115 /
HOSPITAL OR STREET (If rure)	give location)
INSTITUTION OR ADDRESS IN COLLEGE ADDRESS ADDR	EP AVA
3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) (Dey) (Yeer)
DECEASED (Type or Print) (Type or Print) (Type or Print)	11 117 7
E O IAC I III III	19 19 1 IF UNDER 1 YEAR IIF UNDER 24
RACE WIDOWED DIVORCED.	Months Days Hours
	rs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
retired) CLOVK MAYYLAND	715A
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
1 DWIS MATTHOWS SILCIP G	PACC.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS	1033
(Yes no great) (If Yes give wer or dates of service)	TTL - HA
no STY-05-0314 ABC MATERYET MA	TI I ME WISE MAY
19 MEDICAL CERTIFICATION	I INTERVAL RETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE ONSET AND DEA
H20 / IMMEDIATE CAUSE (A)	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH H20 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS IF ANY. (B)	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH H20 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS IF ANY. (B)	INTERVAL BETWEE
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work et work 22. I hereby certify that bettended the deceased from hot while et work alive on A.D. 19, and that death occurred at	20. AUTOPSY? YES NO (County) (State) (County) (State) ATE SIGN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While work et work et work et work ADDRESS (Street, city, M. D, 19, and that death occurred at, M, from the causes and on the signature ADDRESS (Street, city, M. D, AMD, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, 19)	20. AUTOPSY? YES NO (County) (State) (County) (State) ATE SIGN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 2 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED Not while et work et work et work et work 19 months of the causes and on the signature alive on 1.0	20. AUTOPSY? YES NO [(County) (Stete) , that I last saw the decease date stated above. town, stete) DATE SIGN JOWN, or county) (Stete)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While et work et work et work 21f. HOW DID INJURY OCCUR? While how work 21f. HOW DID INJURY OCCUR? While et work 21f. HOW DID INJURY OCCUR? While et work 21f. HOW DID INJURY OCCUR? While et work 21f. HOW DID INJURY OCCUR? ADDRESS (Street, city, M. D. C. ADDRESS (STREET) (C. D.	20. AUTOPSY? YES NO (County) (State) (County) (State) ATE SIGN
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10429 CERTIFICATE OF DEATH

10425

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Anne Arundel Maryland MARYLAND STATE COUNTY Baltimore (If outside corporate fimits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL end give neerest town) end give nearest town) (in this pleca) OR TOWN Crownsville mos. 16 day TOWN Baltimore City HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Crownwille State Hospital 2235 Penrose Avenue (Middle) 3. NAME OF (Last) 4. DATE (Month) (Dey) (Year) DECEASED (Typa or Print) McDaniel DEATH Robert 20 10 55 COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months Deys Hours (Specify) Married 5 - 7 - 03Negro YES. 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT dona during most of working life, even If OR INDUSTRY COUNTRY? Pantryman U. S. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Georgiana McDaniels 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yes, give wer or dates of service) Hospital Records Unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Heart Failure X IMMEDIATE CAUSE Known to us for DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, Luctic Heart Disease 7 mos. GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic Brain Syndrome due to CNS Lues Known to us for DISEASE OR CONDITION CAUSING DEATH. 7 months 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO E 21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Homa, farm, factory 21c. WHERE DID INJURY OCCUR? (City or town) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work 22. I hereby certify that I attended the deceased from 7/5 19.55, to 11/20, 19.55, that I last saw the deceased SIGNATURE ADDRESS (Street, city, town, steta) DATE SIGNED Crownsville, Md. NAME OF CEMETERY OR CREMATORY BURIAL, CREMITION, LOCATION (City, town, or county) REMOVAL (SPECIFY) REC'D, BY REGISTRAR REGISTRAR' FUNERAL REGION'S SIGNATURE DATE

MARYLAND STATE DEPARTMENT OF REALTH-PALYMEDIN, 18

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registrar within 72 hours after death. After by the funeral director, the third copy of

.24 hours after death.

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10430

10426

1. PLACE OF DEATH		2	. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Anne Arundel	MARVIA	Mp	STATSame	COUNTY	Same	
CITY (If outside corporate limits, write RURAL	MARYLA LENGTH OF	STAY		orate limits, write RURAL a		town)
X OR and give nearest town town Gien Burnie	(in this pla	ice)	or Town Same			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Greenway			STREET ADDRESS Same	(If rural giv	ve locetion)	
3. NAME OF (First)	(Middle)	(La		4. DATE (Mor	nth) (D	Day) (Year
(Type or Print) Georges John	Miedel	Sr		OF DEATH	Nov. 10	
5. SEX 6. COLOR OR 7. SINGLE, A	AARRIED, D, DIVORCED,	8. DATE OF BIR	RTH	9. AGE last birthday	IF UNDER 1 Y	EAR IF UNDER
M. RACE WIDOWER (Specify)	Married	8/10/8:	1	74 yrs.	Months D	eys Hours
IDe. USUAL OCCUPATION (Give kind of work	OR INDUSTRY	11.	BIRTHPLACE (State or fore	eign country)		CITIZEN OF WHA
done during most of working life, even if	OK INDUSTRY		Wheeling, V	V.Va.	T T	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Frederick Miedel			Magdale	n Martin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	1 16. SOCIAL SECU	RITY NO.	1 17. INFORMANT &			
(Yes, no, or unk.) (If Yes, sive war or dates of service)	210-01-53			Miedel (Wife)	
		ICAL CERTIF		TEGET (MITE	/•	INTERVAL BETW
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH	ICAL CERTIF	ICATION		100	ONSET AND DE
4 MMEDIATE CAUSE (A)	Cerebr	al Hemory	rhage			Sudden
ANTECEDENT CAUSE(S) DUE TO	0- 10					
DISEASES OR CONDITIONS, IF ANY, (B)	Cardio v	ascular o	dédeases			4 years
STATING UNDERLYING CAUSE LAST. DUE TO						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE						
	INGS OF OPERATION					2D. AUTOPS
						YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY ST	(Home, farm, factory, reet, office bldg., etc.)	21c.	WHERE DID INJURY OCCU	JR? (City or Iown)	(County)	(Stata)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Year) (Hour)	21a. INJURY OCCUP	RFD 216	HOW DID INJURY OCCU	IQ ?		
M.		while	TOW DID HOOK! OCC	70.1		
			.52 77/7	10/55		
22. I hereby certify that I attended the c	deceased from	110V	, 1926, to 14/	19	, that I las	st saw the dec
alive on 11/10/55 , 19 , , siGNATURE	and that death of	ccurred at		causes and on the correct (Street, city, low		
011111111111111111111111111111111111111	a Sua.	02		TEDD (JITED), CITY, IOW	(20/2-	DATE SI
23, BURIAL, CREMATION, DATE THEREOF	1 NAME OF C	M.D. GIETE	n Burnie, Md	LOCATION (City, tow	/10/55	Brray 15
REMOVAL (SPECIFY)	2 1	0 11	206 A	1. 1. 1	7-08	1) (
24. REC'D BY REGISTRAR REGISTRAR'S_SIGNA		ecom 14	E PINERAL DIPERSON	Willy	A) M	d mad
24. REC D DI REGISTRAR REGISTRAR'S SIGNA	10e /M	1/2	S. FUNERAL DIRECTOR'S	OC 2	So. ADI	DRESS
DATE / My /6. 1955 / - 10	NEW		V Rinaro	of a Truta,	Jan 1	mund

MARYLAND STATE DEPARTMENT OF HEALTH-DALYMONE, IS

CERTIFICATE OF DEATH

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BUREAU V. S.

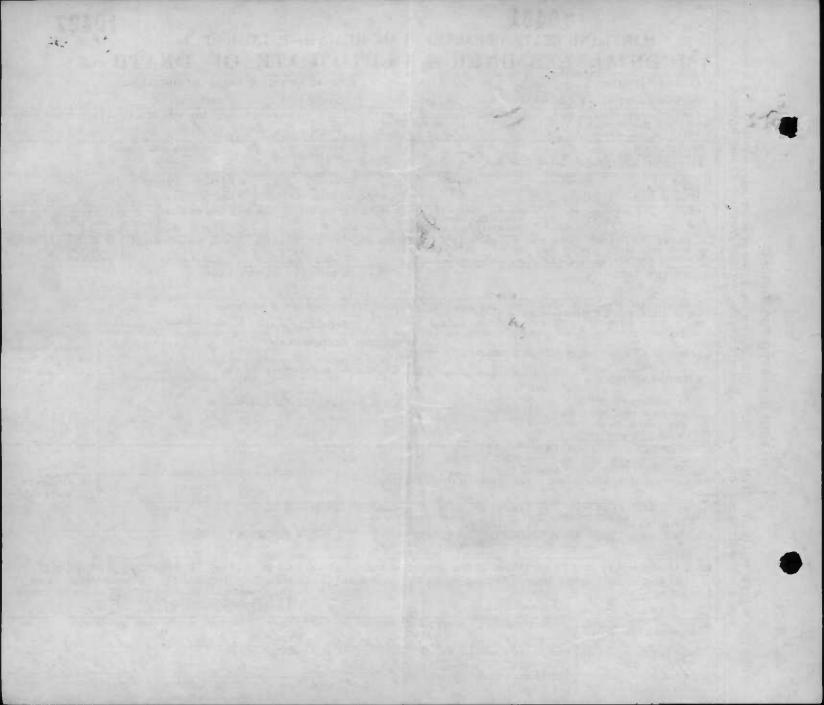
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7	correct
	mation carefully. The coclearly and legibly.
ED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING	H UNFADING INK.
	RITE PLAINLY, WITH is especially important
A15A - 5 - 53	PLEASE W

MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 7/
I. PLACE OF DEATH: COUNTY AND Grundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Levels (in this place)	OR 1	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Cart Road.	STREET (If rural, give location)	
A Park	(Last) 4. DATE (Month) (Day OF DEATH Zest. 11	(Year) 1955
M. RACE: WIDOWED, DIVORCED, (Specify): Walsond	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 8 yrs. Months D yrs.	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	Holland, Europe	SOUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	miss. Isa Clause, pears	n Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s) (a) baranacy de DUE TO June 1 baranacy de	Tecis o elussis	7
Diseases or conditions, if any, (b)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	С.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes A. Accisionature		
REMOVAL (Specify): Nov.14,1955 Low	RY OR CREMATORY LOCATION (City, town, or ed	Maryland ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	DUKES

VS. A15A - 5 - 53



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FUNERAL DIRECTOR: death certificate assembly

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0396 CERTIFICATE OF DEATH

10428

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY ANNE ACUNDEL MARYLAND COUNTY ANNE ARUNDEL MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY (if outside corporate limits, write RURAL and give nearest town) OR end give nearest town) (in this plece) TOWN ANNAPOLIS TOWN ANNAPOLIS LIFE HOSPITAL OR STREET (il rurel give locetion) INSTITUTION OR ANNE ARUNDEL GEN'L STATE CIRCLE 3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) (Dey) (Yeer) DECEASED HELEN (Type or Print) MITTLE DEATH NOV. 6. COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Hours (Specify) December 29 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or loreign country) CITIZEN OF WHAT done during most of working life, even it OR INDUSTRY COUNTRY? retired) Retired Proprietor Beauty Shop USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME - . . George Higgins Susian Muban 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 44 State Circle (II Yes, give wer or detes of service) Mr Thomas O. Tilghman Anna polis, Md. 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH LEREBROVASCULAR ACCIDENT HRS DUE TO ANTECEDENT CAUSE(S) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DISFASE DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X NO 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) (Year) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Hour) While Not while et work et work 22. I hereby certify that I attended the deceased from 11/26, 19.55, to 11/27, 19.55, that I last saw the deceased alive on....//, and that death occurred at. A...M, from the causes and on the date stated above. SIGNATURE BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) St Anne's Cemetery Burial 11-29-55 Anna polis. REC'D BY REGISTRAR STARES SIGNATURE 25, FUNERAL DIRECTOR'S SIGNATURE -

HINDER CHATTEL ATE OF DEATH 701 afortille.hatt. BUREAU V S. SSET 63 ACM

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10432 CERTIFICATE OF DEATH

10429

Reg. Dist. No.

COUNTY Anne Arundel	MARYLA	ND	STATE	Maryl		Anne		
CITY (II outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF		CITY (II		nte limits, write RURAL			
X TOWN Rural Mayo, Md		ars	TOWN	Rura	1 Ma:	yo, Md	•	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		(li rurel gi	ive locetion)		/
3. NAME OF (First)	(Middle)		(Lost)		4. DATE (Mo		(Dey)	(Year)
(Type or Print) Julius	Wilmer		Morris		DEATH NO	ov.	15	1955
5. SEX 6. COLOR OR 7. SHNOLD	MARRIED,	8. DATE O	F BIRTH	9	. AGE last birthday	IF UNDER		IF UNDER 24 HRS
M RACEW (Specify)	DIVORCED,	Aug.	13,188	3	67 yrs.	Months	Days	Hours Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Sea Food Broker	b. KIND OF BUSINESS OR INDUSTRY Sea Food		11. BIRTHPLACE Richmon	(State or loreig	n country)	12	COUN	N OF WHAT
13. FATHER'S NAME		***************************************	14. MOTHE	R'S MAIDEN N	AME			
Julius Caesar Morris	5		Mai	rtha A	nn Rudd			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECUE	RITY NO.	17. INF	ORMANT & AI	DDRESS			
(Yes, no, or ank.) (If Yas, give war or dates of service)	The second secon		Wi	lliam	F. Burgess	s M	ауо.	Md.
		ICAL CER	TIFICATION				INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO D			3					minutes
33/ X IMMEDIATE CAUSE (A)	erebral h	emorr	nage				30	millace:
ANTECEDENT CAUSE(S) DUE TO A	rterioscl	erosi	S				10	years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)								
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
	INGS OF OPERATION						YES	. AUTOPSY?
	(Home, larm, lactory, treet, office bidg., etc.)	2	IIc. WHERE DID I	NJURY OCCUR	? (City or town)	(Cour	ity)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M.	21e. INJURY OCCUR While Not wat work et wo	while	211. HOW DID II	NJURY OCCUR	7			
22. I hereby certify that I attended the	deceased from	June :	1 19 47	to Nov	15, 1955	that I	last say	w the deceased
alive on Nov.14 , 19 55	and that death o	courred at						
SIGNATURE	A man deam	ccorred or.	······································		ESS (Street, city, to			DATE SIGNED
11: 1 the	ned	M.D.	May	ro, Md.		1	1-19	5-55
23. Burial, CREMATION, REMOVAL (SPECIFY) Cremation 11/18/55		EMETERY OR	CREMATORY		Prince C			(Stote)
24. REC'D BY REGISTRAR 1955 Edwar				DIRECTOR'S			ADDRESS	

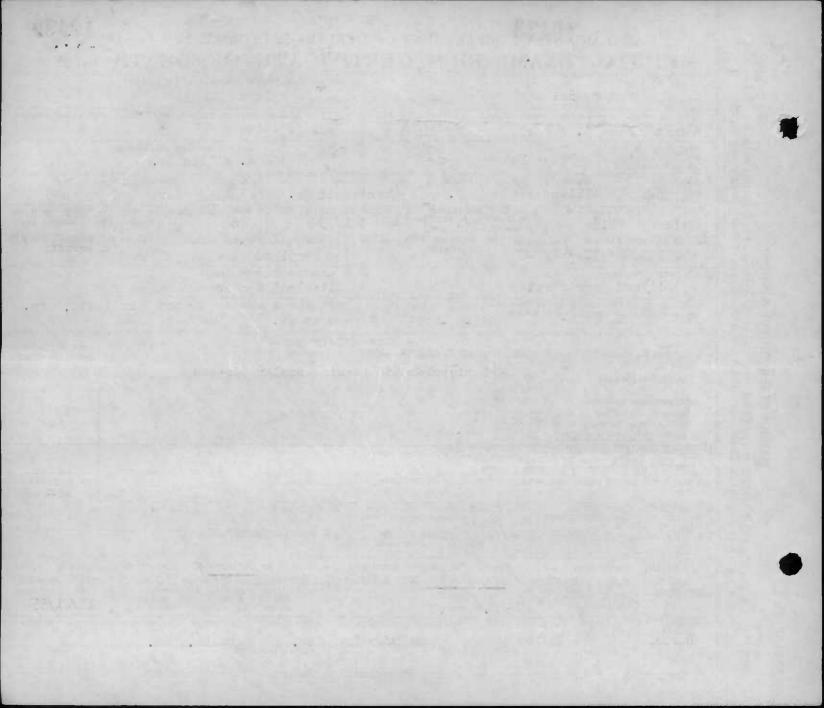
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DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWNFT George G. Meade LENGTH OF STAY (in this place) minutes	CITY (If outside corporate limits write RURAL and give nearest tow OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bldg: NSA Project	STREET (If rural, give location) ADDRESS 156 S. Hilton St.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) William J. Morr	issett Sr. 4. DATE (Month) (Day) (Year) OF DEATH NOV 21 155
	F OF BIRTII: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 76 Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Steamfitter 10b. KIND OF BUSINESS O	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W. Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Willard Morrissett	Elizabeth Decker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 216-07-8215	17. INFORMANT & ADDRESS: Norton Morrissett, Son. same as #2.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Cardiovascular Disease
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY Yes No
PRIMARY Or CONTRIBUTING OF Street, office bldg., etc INJURY	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work \(\begin{array}{c ccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes Acci	bed above, held an Autopsy , Inspection , Inquiry , dent , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 11/21/55
Burial (Specify): 11/24/55 New Cather DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	edral Cem Balto Md ADDRESS
(18022 - 37 A.W Hedrel	1 // M. J. Victures & Sous-Batto 17
Jan	mi



10397 CERTIFICATE OF DEATH

MARYLAND STATE DEP.	ARTMENT OF HEALTH	0431
10397 CERTIFICAT	E OF DEATH	0101
FOR MEDICAL	·	o. 21
COUNTY from Presidel with MARYLAND	2. USUAL RESIDENCE (HOM) OF DECEASED. COUNT	ar
OR give hearest town (in this place)	CITY (If outside corporar limits, write RURAL and gr	ve neavest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS AS Solomona II.	STREET ADDRESS 45 Solomone Jalo	ud Qd.
3. NAME OF (First) (Middle) DECEASED (Type or Print) PRETHUK.	(Last) (Last) 4. DATE (Month) OF DEATH NOV	(Day) (Year)
6. OOROR RACE 7. SINGLE, MARKED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	I year If under 24 bre
10a. USUAL OCCUPATION (Give kind of work done during most of working life oven if retired) 10b. Kind of Business or Industry		2. CITZEN P WHAT
arthur C. naylor Sv.	THER'S MIDEN NAME LAKE	
15. WAS DECRASED EVEN IN U.S. ARMED FORCES 16. SECURITY NO. (Yee, no. on kin wh) (If yee, give war or dates of service)	Intern Mayor Dr and	who mo.
18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4	ONSET AND DEATH
762, Ammediate cause (a) Asperation Van	ulso.	
Antecedent cause(s)		
Diseases or conditions, if any, (b)	** * *********************************	
stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Constant of the second of the		
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR'TOWN) (COUNTY	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCURT	
	utaness Ingraction & Inquire there	from the said as
22. I certify that I took charge of the remains described above, held an As obtained by said Anopoly Inspection or Inquiry, find that said decea	sed died on the day stated above, and death in my	opinion resulted
from: natural courses if, accident, suicide , homicide ,	undetermined	DATE SIGNED
Christmeth Ells	Christoly 14	-1888
23. ARIAL, CREMATION DATE THEREOF NAME OF CEMETER		ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
	THE THEORY IN LIES IN THE PROPERTY OF THE PROP	GAK W
4-10 516 3 11 2 - 0,01 m	Ormodia, mid	ark M

MARGIN RESERVED FOR BINDING

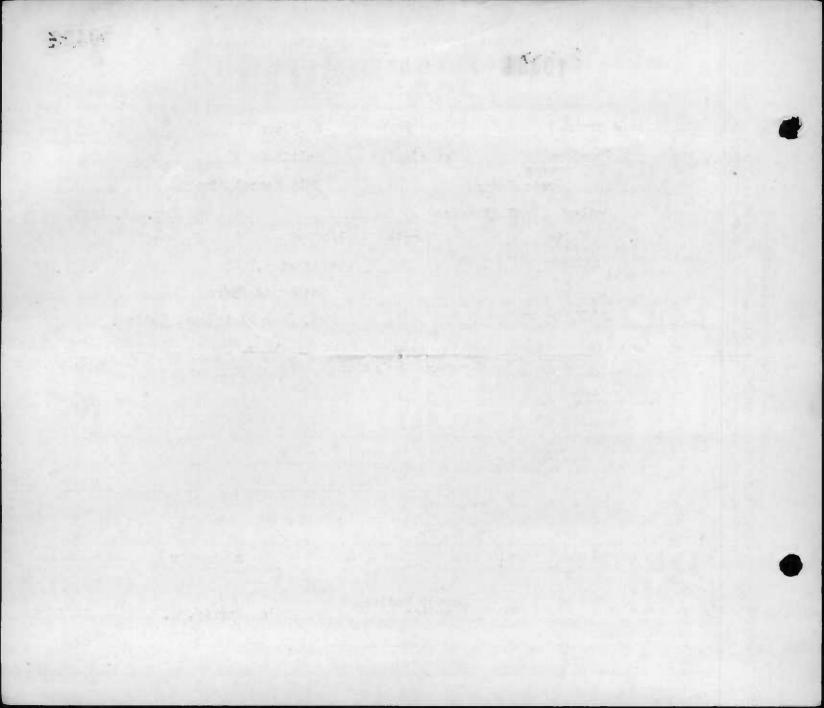


The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

10434 CERTIFICATE OF DEATH

	FOR MEDICAL	EXAMINERS	Rei	g. Dist. N	0		
I. PLACE OF DEATH- COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (I STATE Maryland	IOME) OF DECEA	SED. COUNT	Y		
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN	AL and LENGTH OF STAY (In this place) Few minutes	OR TOWN 1 timore	26		3 V	t towo)	4
HOSPITAL OR INSTITUTION OR VII Avenue, STREET ADDRESS Green He	Ven	STREET ADDRESS 3919 Pasca	(If rural, give	location)			V
3. NAME OF (First) DECEASED	(Middle) Nicholson	(Last)		Month)	(Day)		Year)
6. COLOR OR RACE M. White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. date of Birth	9. AGE last birthda	y If under Months	I year Days	If under	24 hrs
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industry	Washington D	C	1	2. CITIZE COUNTR	ON OF Y	WHAT
13. FATHER'S NAME		Catherine M					
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes. no, or unknown) (If yes, give war or, dates of	7 16. SOCIAL SECURITY No.	17. INFORMANT Mrs. Jean Ni		rife).		13	
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Coronary Occlus	ion		•	Sudde	n AND D) BA TH
related to the disease or condition causing deat					20. A	UTOPS	Y?
					Yes		No C
PRIMARY GOR CONTRIBUTING OF CAUSE OF DEATH.	CE (Home, farm, factory, street, office hidg., etc.) JRY	(CITY OR	rown)	(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CUR?				
22. I certify that I took charge of the rema obtained by said Autopsy. Inspection of from: natural causes , accident SIGNATURE	r Inquiry, find that said dece	ased died on the dry state undetermined []. ADDRESS 1	Inquiry the dabove, and dead	ereon and th in my	apinio DAT	he evide n result E SIGN	lted NED
23. BURIAL. CREMATION DATE THERE(REMOVAL (Specify) 11/8/55	NAME OF CEMETE	National	Baltimore	own, or coun	ity)	(Stat	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	7 %7	TOO TO	ADE	RESS	10



TO FUNERAL DIRECTOR: The law requires thet the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospitel or attending physician. INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10433

10435 CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH	2, US	UAL RESIDENC	E (HOME) OF D	ECEASED
county Anne Arundel MARY	AND STA	TE Same	COUNTY	Same
CITY (If outside corporate limits, write RURAL LENGTH C		(Il outside corporat	e limits, write RURAL a	nd give neerest town)
OR end give nearest town) X TOWN P.O.Glen Burnie (in this		VN Sa	me	*
	STRI		- Contract of the Contract of	ve locetion)
HOSPITAL OR INSTITUTION OR PRINTITUTION OR PARK O STREET ADDRESS Marley Park		RESS Sallie		
3. NAME OF (First) (Middle)	(Last)		4. DATE (Mon	oth) (Day) (Year)
(Type or Print) Sherry Lynn Osborne			OF DEATH]	1/8/55 19
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9.	AGE lest birthdey	IF UNDER 1 YEAR IF UNDER 24 F
F. White WIDOWED, DIVORCED, (Specify) S.	11/8/5	5	yrs.	Months Deys Hours Mi
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINE		LACE (State or foreign		I 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY				COUNTRY?
retireNone			n Burnie, M	d. U.S.A.
13. FATHER'S NAME	14. M	OTHER'S MAIDEN NA	ME	
Herman Osborne		Shirley	Ford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17.	INFORMANT & ADI		
(Yas, no, or unk.) (If Yas, giva war or detes of service) None	M	rs H Osh	orne, (moth	ner)
18. ME	DICAL CERTIFICATI		OT THO I THIN OF	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
776 X IMMEDIATE CAUSE (A) Promatur	'e			30 minutes
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATIO	N			20. AUTOPSY?
				YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factor OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., et (If EITHER, NOTIFY MEDICAL EXAMINER)		DID INJURY OCCUR?	(City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCC		DID INJURY OCCUR?		
	work			
22. I hereby certify that I attended the deceased from	7/8/55 10	1, 17/8/	/55 10	sheet I less som she deces
alive on 11/8/55, 19, and that death	occurred at	.M) dem the cau	ises and on the cases. (Street, city, tow	date stated above. n, state) DATE SIGNI
PSIGNATURE JAM D 1/10	02 5		(See (Silee), City, tow	n, siele) DATE SIGNI
quesave freeterou	M.D. Glen Bur	nie, Md.	10.04.710.11.00	11/8/55
REMOVAL (SPECIFY)			LOCATION (City, town	n, or county) (Stata)
	n Haven Memor		Glen Bur	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUN	ERAL DIRECTOR'S SIG	GNATORE /	a Cost
DATE 1279, 1935 L. J. D. Cle	Ta Stop	ping and K	irkley. Gl	en Burne Md.

S - B - Let - Place CONTRACT PURCH ate in the state of the state of Same selicities the first to the second Z .V UASENG 35,8/11 See successful was all the second of the large and the 7//5

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10436 CERTIFICATE OF DEATH

10434

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ANNE ARUNDEL MARYLAND	STATE Md. COUNTY A. Arundel
CITY (If obtained corporate limits, write RURAL CRACK (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR	YEISHELENA
INSTITUTION OR OD STREET ADDRESS	STREET ADDRESS RFD 5 (If rural give location) 275
3. NAME OF DECEASED (First) (Middle) 7	ACK 4. DATE (Month) (Day) (Year) OF DEATH NOV 14 1955
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spacify) WICOLOR 8. DATE OF	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working-life, avan if ralired) House Work of House	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
YNIGNOWN	UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	- MARCHARDEN TASADENA MY
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
491X IMMEDIATE CAUSE (A) 15 PEN Cho	preumonice 3 days
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	E PARTICIONE DE LA PARTICIONA DEL PARTICIONA DE LA PARTICIONA DE LA PARTICIONA DEL P
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. OLD QQ	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Homa, farm, factory,] 2	YES NO YES NO YES (County) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY streat, office bidg., etc.)	THE WILLE DID HADRY OCCUR? (City of lown) (County) (James)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURED While Not while at work at work	211. HOW DID INJURY OCCUR?
A(1)	Nest 14 at 5
22. I hereby certify that I attended the deceased from I.C.V.	193 , to 177 , 193 , that I last saw the deceased
alive on	AMM, from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNED
hospite Taler M.D.	Cleu Burie Nov. 14 19T.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, Iown, or county) (State)
BURIAL 11/17/1953 PAT ZION	1 CHURCH MAGOTHY-MI)
24. REC'D BY REGISTRAR REGISTRARYS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE VIETORE I LANGE	Marchael & Sauce Batto, met

ST. BOOKSTARE-HTJATH FO THENTEN STATE GRALTMANS. INASU TO ETASTEITES OF DEATH

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o who well to have more an early of the Called as many ones in the Land Called and the Called and

BUREAU V. S.

V. L

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VS A15C 1-55 10M

NSTRUCTIONS

hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10398 CERTIFICATE OF DEATH

10435

	Keg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECRASED
COUNTY (ILOUTS) (ILOU	CITY M outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	row Chrispolis 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS & Clay St,	STREET ADDRESS 8 (If rurel give location)
3. NAME OF DECEASED (First) (Middle) S. Fa	Clest) DEATH (Month) (Day) (Yeer) 19 55
5. SEX 6 COLOT OR 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	0-1910 45 yrs. Months Deys Hours Min.
one dumo most of working life, even If U.S. But States	II. BIRTHPLACE (State or foreign spunify) 12. CITIZEN OF WHAT ONTRY ONTRY OF THE CONTRY OF
13. FATHER'S NAME Tarker	Deorgana Sellman
(1) WAS DECEASED EVER IN U. S. ARMED FORCES? (If Yes, give wer or deles of service)	4 march Tarker-angapolis, me
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION TO TO THE TOTAL BETWEEN ONSET AND DEATH
153 X IMMEDIATE CAUSE (A) Concer of Co	low i Mitastasis of Ming 6 mas +
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. MAJOR FINDINGS OF OPERATION 196. MAJOR FINDINGS OF OPERATION WAS A CONTINUED TO THE PROPERTY OF THE PROPE	CALM 20. AUTOPSY? YES NO
216. MCCDENTY WAS INDERLYING 216. PLACE /Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work et work	TI, HOW DID INJURY OCCUR?
22. I hereby ceftify that I attended the deceased from . On fine	19.5.5, to(1)
alive on, 19, and that death occurred at	ADDRESS (Street, city, town, state) DATE SIGNED
Manne ok amango.	Emmanchis and 11/2/15-
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR OF CEMETERY	CREMATORY (City, town, Ar Edunity) (Stete)
24. REC'D BY REGISTRAR REGISTRAL'S SIGNATURE	25 AUNERAL DIRECTOR'S SIGNATURE ADDRESS
1900 // 500	1. 11 11 1 1 1 TONE IT Alleman

MTARG TO REACHTE OF DEATH - Come Cerendel 18 Lein 2t. could I Taken 9-36-1910 45 Weren Just 54. Stelling Mare land U.S. C. Troop and different 577 ... - 02.99 march taken a fill the me Con exploration of Althorador Shing Elizar BUREAU V. S. 5351 88 AON 11.23-55 Elderne Charles Beeste d mit When there is the read of

Not while

NAME OF CEMETERY OR CREMATORY

Glen Haven Memorial

25. FUNERAL DIRECTOR'S SIGNATUR

11-25 19 55, that I last saw the deceased

ADDRESS (Street, city, town, state)

LOCATION (City, town, or county)

en.

Glen Burnie

at work

While

22. I hereby certify that I attended the deceased from.

DATE THEREOF

REGISTRAR'S SIGNATURE

alive on 11-23

BURIAL, CREMATION,

REMOVAL (SPECIFY) Burial

REC'D BY REGISTRAR

at work

be refained executed

FUNERAL DIRECTOR: The law death certificate assembly сору тау has certificate

10M

A15C

LOAST CERTIFICATE OF BEATH

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West Property	MARKET SIS.			
SEUS:		- 11		n Vilmet F.E
NOP	Value also also			

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

10438 CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND	STATE Maryland COUNTY	Anne Arund
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
X TOWN Fort George G. Meads 8 days	TOWN Linthicum	X
	STREET (If rural, give location)	1
50 STREET ADDRESS U. S. Army Hospital	ADDRESS 107 Forrest View Road	
CONTRACTOR OF CO	G A DATE	(Day) (Year)
(Type or Print) CW2/d C. PNNC	OF DEATH	PE 1959
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrs.
M WIDOWED, DIVORCED, (Specify) Married	lay 28, 1886 69 yrs. Months	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Pennsylvania	Course ?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0021
Unknown	II walken come	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT AND ADDRESS 33	
(Yes, no, or unknown) (If yes, give war or dates of service) 1906—1933	White the line of	um Hts, Md.
18. MEDICAL CE		
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	of Time	ONENT AND DEATE
(I) I I I I I I I I I I I I I I I I I	terio (Lelaun
Immediate cause (a)	amhanana /	
Antecedent cause(s)	emphysema /	Lunk
Diseases or conditions, if any, (b) giving rise to the above cause	of I have filled the state of t	- fee a
stating the underlying cause last		1
(c) Chronic-bronchitis	hronchiectasis & obstructive en	physema
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2		Yest No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
*Nov _ 2J	Nov. 22 55	
22. I hereby certify that I attended the deceased from	1. 19 to / 19 that I last as	w the deceased
Nov 21, 55.	00454	
SIGNATURE SAMUEL D. GAEN, MD (Degree or title)	ADDRESS ark Wende-1	2 DATE SIGNED
Hamuel Chally mil)	114 /ark (12-1 7	3 %
23. BURIAL, CREMATION DATE THEREOF W NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) Aunkanium Arlington No		inia
DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC AT M FF L		PDDKESS
NEG. 21 NOV 55 W. L. SAYKOR, 1/Lt MSC	WM COOK, INC. BALTO., MD	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

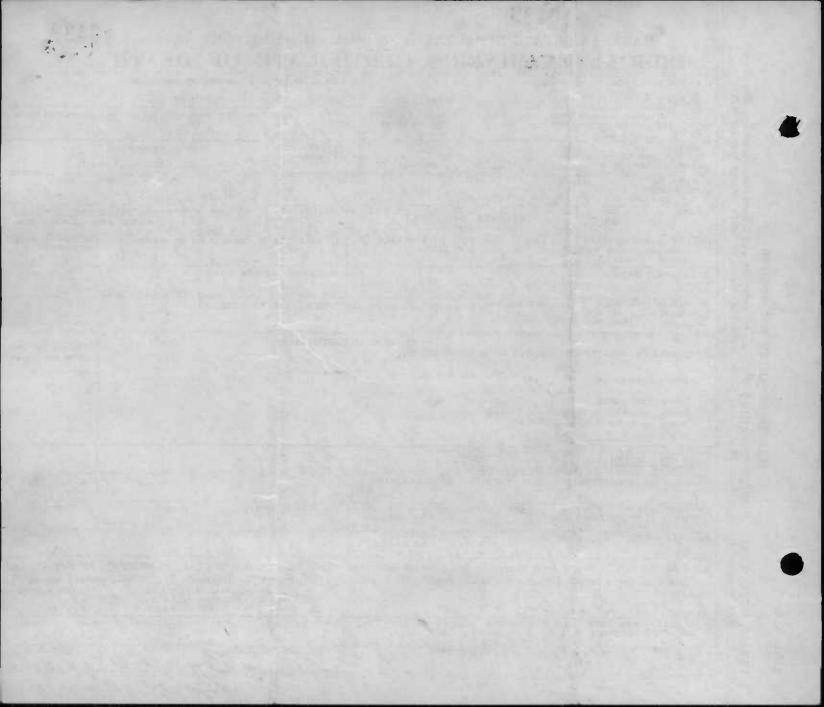
NOV 28 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH No	*******
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY . A. MARYLAND	STATE M. COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Level (in this place)		town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawel Race Track	STREET (If rural, give location) ADDRESS 3306-Affaulding Gal.	V
3. NAME OF (First) (Middle) DECEASED: (Type or Print) SOrtha; may	Ley 4. DATE (Month) (Day) (Year) OF DEATH DAY. 1 195	5
RACE: WIDOWED, DIVORCED, (Specify): Married	ATE OF BIRTH: 9. AGE last birthday: If UNDER 1 YEAR IF UNDER 2 Norths Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS work done during most of work life, even if retired):	OR 11/BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME Paulla Willon	Mary Holeday	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
18. MEI	DICAL CERTIFICATION INTERVAL BE	THE STATE OF THE S
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND	
Immediate cause (a) Caranacy	Osslusion Sudden	/
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	20. AUTOP: Yes 1	
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, fact PRIMARY or CONTRIBUTING OF street, office bldg., 1NJURY	etc.,	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	e	
	cribed above, held an Autopsy 🗌, Inspection 🕱, Inquiry 🔀	
	ccident [], Suicide [], Homicide [], Undetermined cause	-
Signature Atauleanuk	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	5
REMOVAL (Specify): 11-4/55 Chesler	facile Interview. Ms.	inte)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRE	DS L

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



M

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10399

10440

Reg. Dist. No. 21

had been been been been been been been bee
COUNTY L. COUNTY L. COUNTY L. COUNTY L.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)
OK and giveneses town (In this place) OR TOWN
in which is inapples
INSTITUTION OR ADDRESS
STREET ADDRESS // // Shewy live. / // Ugrewer Chie
(Type or Print) Caroline (Sebecea / Jussell DEATH //- 8- 195
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF/BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 2 WINDOWS. DWORGED.
+ White Broghinglow 3-26-1879 76 yrs. Months Days Hours
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS 11. BIRTHREACE (State or foreign country) 12. CITIZEN OF WHA
retired to the state of the sta
190sil Gates Gracus
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECIRITY NO. 1.17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)
Caroline Jales morell 2
442 X IMMEDIATE CAUSE IN Coug Esteve 12 och Fallen Several
ANTECEDENT CAUSEIC DUE TO 1. DE TO 1. D
DISEASES OR CONDITIONS, IF ANY, (B) STORES CHINAL OCCUPANT & HYLLAGE STORES
10 hrouse Urphroses Scores
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
DISEASE OR CONDITION CAUSING DEATH.
19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY
YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, tarm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER) (Steta)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?
M. at work at work of works
What is all N 180 5
40
ADDRESS (Street, city, town, stein) DATE SIG
CITY (If outlidge-corpodate flimit, write RURAL and give nearest fower) ON Management of the pieces
19. NIA! 11=4-33 17 (mul)
TO A STATE OF THE
DATE NOV. 11. 1955 11 Torred John M. Saylersons Chmapoli

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

CERTIFICATE OF DEATH CONTRACTOR ASSESSMENT OF THE CONTRACT STORY AS A STORY OF THE CONTRACT STORY OF THE CONTRACT STORY AS A STORY OF THE CONTRACT STORY AS A STORY OF THE CONTRACT STORY OF THE CONTRACT STORY AS A STORY OF THE CONTRACT STORY OF THE CONT BUREAU V.

Charles and Charles

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10440 CERTIFICATE OF DEATH

10441

leg. Dist. No. 23

I. PLACE OF DEATH		Z. USUAL RESIDE	NCE (HOME) OF DECEAS	360
COUNTY A A	MARYLAND	STATE	COUNTY	
CITY (If outside corporate fimits, write RURAL	LENGTH OF STAY	CITY (If outside corp	orate limits, write RURAL end give	nearest town)
OR and give nearest town) TOWN	(in this place)	OR TOWN	NaMe -	
HOSPITAL OR	1 - Up.	STREET	(If rural give focation	on)
INSTITUTION OR THE STREET ADDRESS M		ADDRESS T		
" VECCOTAL & UNE				
3. NAME OF (First)	Middla) Cleth)	(Last)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) Julie (Julia) des	nue Sa	chse	DEATH NOV.	30 1950
5. SEX 6. COLOR OR 7. SHIGLE, MARRIE		OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, DWG (Specify)	ale Oct	23 1821	74 yrs. Month	s Days Hours Min.
	OF BUSINESS	11. BIRTHPLACE (Stale or for	nign country)	12. CITIZEN OF WHAT
done during most of working life, even if retirad)	INDUSTRY	Baltimor	ce Ind.	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
13.50 Lanks		amal:	Ringhan	DT -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)		2 1500 61	**	
2	16-01-3318	WE di	46.00	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	RTIFICATION	00	ONSET AND DEATH
33/X IMMEDIATE CAUSE (A)	8 0	Haceron	Ree	2 Cars
DUE TO			, ,	
DISEASES OR CONDITIONS, IF ANY, (B)	teres - A	blenoce	n -	6 yr-
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rilinia			2 mos-
198. DATE OF OPERATION 196. MAJOR FINDINGS O	OF OPERATION			20. AUTOPSY?
				YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of		21c. WHERE DID INJURY OCCU	JR? (City or town) (C	ounty) (Stata)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a,	INJURY OCCURRED	21f. HOW DID INJURY OCCU	10.7	
While	Not while	ZII. HOW DID INJOKT OCC		
22. I hereby certify that I attended the decea	sed from 11/2-8/3	5, 19 to / 1/	30 1955 tha	t I last saw the deceased
alive on 11/30 , 19 53 , and	, ,			
SIGNATURE	mar dodni occurrod di		RESS (Straat, city, town, stete)	DATE SIGNED
When - L. Dall, &	M.D. Z	10:00	- 7110	11/20/55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cou	inty) (State)
REMOVAL (SPECIFY)	1011	ZLina	PTI ,	Lee.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	- Occur	1 25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESA
1FC 2 1055 A 100	no of e	\$ 1	1 (0	0 84 / 8
DATE (aldwell	Nostruff	Coducerd of	oulson 235 que	are such and
	VOX			me

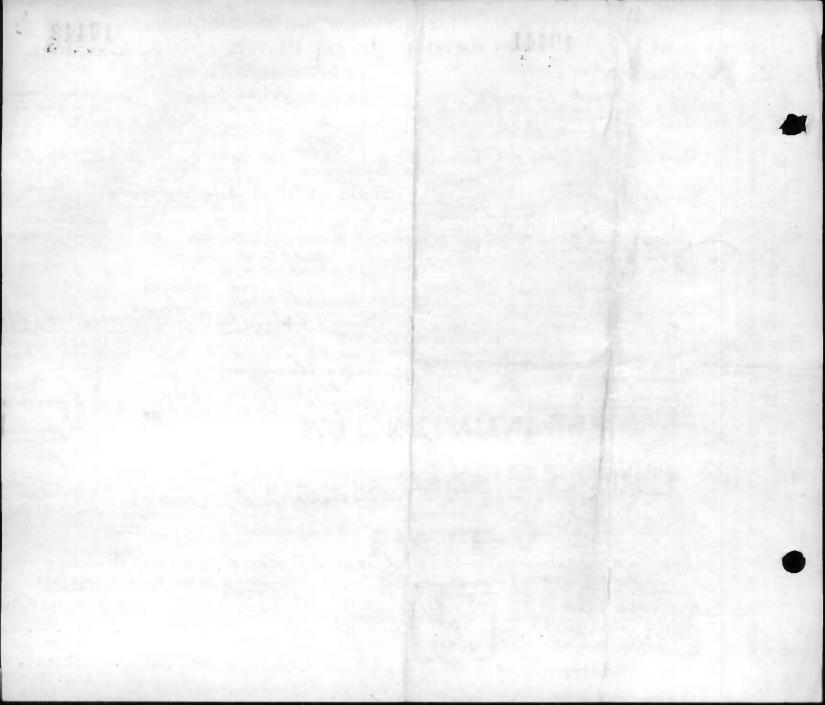
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VS. A15

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	0//4
10441 CERTIFICATE	OF DEATH Reg. Dist.	No. 2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY anne armsel MARYLAND	STATE Manfland COUN	TY anne arunder
CITY (If outside corporate limits, write BURAL LENGTH OF STAY OR and give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL ar TOWN Sevens Park	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS by 409- Rt2, Seven Park	STREET (If rural give location) ADDRESS by 409- kt 2, Seven	ma Park
	(Last) 1. DATE (Month) OF DEATH: November 5	19 55
5. SEX: S. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Married 17	of Birtii: 9. AGE last birthday: If under 1 yr 5 7 yrs. Months Da	ays Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): 10b. KIND OF BUSINESS OR INDUSTRY:	Madelina In-	COUNTRY?
13. FATHER'S NAME: Lenge Wm. Weber	14. MOTHER'S MAIDEN NAME: Vagle	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Xes, no, or unk.) (If Yes, give war or dates of service) 2 19-16-4/3/	my Schickner (hust) por 2 Sever	ma Park, Mg
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 290.0 Immediate cause (a) Clearly Covernments	vary thromboox	Interval Between
Antecedent causes (s) Diseases or conditions, if any, (b) Outeriorsel	erosis	5 yrs
giving rise to the above cause stating the underlying cause last. DUE TO (c) Pernicious	aremia	2 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Postero-L	steral sclerosis	2 yrs
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
21. ACCIDENT SUICIDE OF office bile, (c.)	(CITY OR TOWN) (COUNTY) (S	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While Not Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from O.J. 14	1,1955, to Nov. 5, 19.55, that I last	saw the deceased
alive on Nov. 2, 1955, and that death occurred at	, from the causes and on the date	stated above.
H.F. Manurak M.D. 901 Edgerly	A IA REPUBLICA	1. 5, 1955
23. BURIAL CREMATION, DATE THEREOF NAME OF CENETY BUT 121 (Specify) Nov.9,1955 Mt. Olivet	Cemetery Frederick Ave.B	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 1/8/55 Q. W. Haduch	KRAUSE FUNERAL HOME 12165.C	
8h)	В	alto.30



that the physician. requires or attending WE

OR HOSPITAL

PHYSICIAN

ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10400 CERTIFICATI

8. DATE

5/6/

MARYLAND LENGTH OF STAY

(in this place)

(Middle)

10b. KIND OF BUSINESS

OR JHOUSTRY

16. SOCIAL SECURITY NO.

18. MEDICAL CE

NONE

SINGLE, MARRIED,

(Specify)

WIDOWED, BIYORCED T

196. MAJOR FINDINGS OF OPERATION

21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.)

While

at work

21e. INJURY OCCURRED

...., and that death occurred

Not while

M.D. NAME OF CEMETERY OF

work work

BREWER HILL

10443

E OF DEATH	10220
Reg. I	Dist. No. 21
2. USUAL RESIDENCE (HOME) OF DECEA	
STATE MARYLAND COUNTY AND	WE ARUNDEL
CITY (If outside corporate limits, write RURAL end give	
TOWN ANNAPOLIS	10
STREET (If rural give located ADDRESS 3 CARVER STREET	ion)
(Last) 4. DATE (Month)	(Dey) (Yeer)
SIMMS DEATH 11/1	0/1955
	NDER 1 YEAR IF UNDER 24 HRS.
1888 67 yrs. Mont	hs Deys Hours Min.
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
ANNAPOLIS, MARYLAND	
14. MOTHER'S MAIDEN NAME	
UNKNOWN	
17. INFORMANT & ADDRESS WILLIAM SIMMS*3 CARVER S	TO A ABRIADOL TO
	OT . TANNAPOLIS
RTIFICATION	ONSET AND DEATH
but An harlingers	
2 - O - V dia - Go	,
MITT -	O I I
7111	17 Manthis
	9-1-1-1
	20. AUTOPSY?
21c. WHERE DID INJURY OCCUR? (City or town)	County) (Stete)
	(3.0.0,
21f. HOW DID INJURY OCCUR?	
2 1	
1925 to MT 10, 1925 th	at I last saw the deceased
t.f., M. from the causes and on the date s	stated above.
ADDRESS (Street, city, town, stelle	DATE SIGNED
0-Clay of Turan the	2 had 11/12/57
CREMATORY LOCATION (City, 19Wn, or co	
CEMETERY WEST ST. FANNA	
25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS

ETHEL L. HICKS-45 NORTHWEST ST .- ANNAPOLIS

30 copy third director, within registrar by the fi the i with filled permit. completely certificate be burial and physician death SE use requires that the FOL e aftending detached for the hospital pe The bottom copy may be retained by uted by the should be FUNERAL DIRECTOR: The executed assembly certificate has b

10M 1-55 A15C

24. REC'D BY REGISTRAR DATE NOV. 14. 1955

BURIAL, CREMATION,

1. PLACE OF DEATH

COUNTY

OR

5. SEX

FEMALE

TOWN

HOSPITAL OR INSTITUTION OR

OT STREET ADDRESS

3. NAME OF DECEASED

(Type or Print)

13. FATHER'S NAME

ANNE ARUNDEL

ANNAPOLIS

GEORGIANA

(If Yes, give war or detas of service)

DUE TO

DUF TO (C)

(Yaar)

DATE THEREOF

(First)

3 CARVER STREET

(If outside corporete limits, write RURAL

6. COLOR OR

COLSTRED

10e. USUAL OCCUPATION (Giva kind of work

JAMES HOWARD

done during most of warking life, even if

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

ANTECEDENT CAUSE(S)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

(Month)

(Day)

22. I hereby certify that I attended the deceased from

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

21a. ACCIDENT WAS UNDERLYING IT

OR CONTRIBUTING [] CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

19e, DATE OF OPERATION

21d. TIME OF INJURY

alive on... SIGNATURE

I DISEASES OR CONDITIONS DIRECTLY LEADING TO-DEATH

end give neerest town)

WARYLAND STATE DEPARTMENT OF HEALTH-BALT ACKE, IE

ATABO ATAQUITADA TA

ALL IN STREET

POLITADINE CHIEFFICATION

8

BUREAU V. S.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

10442 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

10444

Reg. Dist. No.....

I. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE	(HOME) OF DECEASED.	ITY
Anne Arund	el County	MARYLAND	Maryland	A.A.COU	
OR give nearest	rporate limits, write RUR.	AL and LENGTH OF STAY	II OR	orate limits, write RURAL and	
	Elen Burnie, M		TOWN Glen B	Burnie, Md. (P () X
HOSPITAL OR INSTITUTION OR STREET ADDRES	In the wood Freetown	s, Solly Road,	STREET ADDRESS Solly	(If rural, give location Road, Freetown	
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Margaret		Simms	OF DEATH NOV.	25 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If un	ier I year If under 24 brs.
Female	Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	1897	58 уп.	hs Days Hours Min.
10a. USUAL OCCUPA done during most of wo	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY? II S A
13. FATHER'S NAME	E		A A C.	N NAME	U.S.A.
Green			?		
15 WAS DECRASED EV	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY No.	17. INFORMANT		
(Yearno, or unknown)	(If yes, give war or dates (service)	None	Thomas Deni	s Simms	
7		IS. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO.	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
795.3					UNBEL AND DEATH
Immediate	cause (a)	Unknown (See rever	rse side)		
Anteceden					
glving rise to	onditinns, if any, (b) tha above cause	***************************************		000 0 000 000 · · · 000 000 00 0 0 0 000 000 000 0 0 0 0 ·	******* *** *** *** *** *** *** *** **
stating the un	derlying cause last				
**	(c)				Name and the second
	CANT CONDITIONS ling to the death but not or condition causing deat	h.			
19a. DATE OF OPER	ATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
_ ()					Yes No No
21. EXTERNAL CAU PRIMARY ☐ OR COX CAUSE OF DEATH	SE WAS NTRIBUTING PLA OF INJU	CE (Home, farm, factory, street, office bldg., atc.) JRY	(CITY OR	TOWN) (COUN'	ry) (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY O	CCUR?	
INJURT	m.	work at work	1		
22. I certify that I	took charge of the rema	ins described above, held an A	utopsy [], Inspection [Inquiry I thereon ar	d from the evidence
obtained by said	Autopsy, Inspection of	r Inquiry, find that said dece	ased died on the day stat	red above, and death in n	y opinion resulted
SIGNATURE	causes X, accident], suicide [], homicide [],	undetermined [].		DATE SIGNED
7	7/2 1	Deputy	ADDRESS		DATE SIGNED
bushave	18 cube	Med. Examine	er Glen Bur	nie, Md. N	ov. 25, 1955
23. BURIAL, CREMA	TION DATE THERE			LOCATION (City, town, or co	
REMOVAL (Special	(3) 11/30/1	955 MT. Aubus	ON CEMETERY	BAITIMORIE.	MD.
DATE REC'D BY L	OCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR)/ 1/	ADDRESS
REG.	100		ARLINGTON S	1611/10/ 18081	Y. MUHROE".

The body of Margaret Simms (deceased) was found decomposed and beyond recognition in the woods 75 yards from her home. She was identified by her husband, Thomas Dennis Simms, by her shoes and her dress. According to the husband she had been missing since Labor Day, 1955.

Labor Day, 1955.

**Lauthor Margaret Simms (deceased) was found decomposed and beyond recognition in the woods 75 yards from her home. She was identified by her husband, Thomas Dennis Simms, by her shoes and her dress. According to the husband she had been missing since the labor Day, 1955.

**Labor Day of Margaret Simms (deceased) was found decomposed and beyond recognition in the woods 75 yards from her home. She was identified by her husband, Thomas Dennis Simms, by her shoes and her dress. According to the husband she had been missing since the husband she had been missing she had been missing since the husband she had been missing she had b

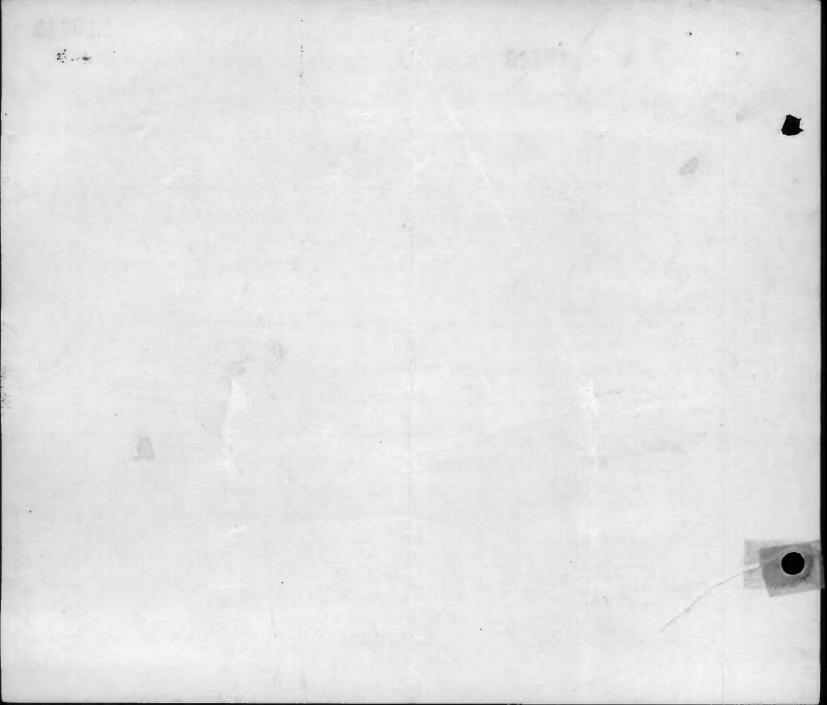
MARYLAND STATE DEPARTMENT OF HEALTH

10443 CERTIFICATE OF DEATH

00 a	Item 7, Film G188 11-10-55 et FOR MEDICAL	L EXAMINERS Reg. Dist. No.	2_3
. The	1. PLACE OF DEATH- COUNTY ne Arunde MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	as a land
efully gibly.	CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and gi- OR TOWN Baltimore, #19	3 VOI-4
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS Gen Burnie High School	ADDRESS 308 Ilehes ter Ave-	V
matio arly a	3. NAME OF DECEASED (First) (Middle) (Type or Print) Tefferson	(Last) 4. DATE (Month) OF DEATH Nov. 12	(Day) (Year)
infor th cle	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 9. AGE last hirthday If under Months yrs.	1 year ilf under 24 hrs.
of dea	done during most of working life, even lightering lighter lightering lighter lightering	Ballimore maryland	COUNTRY?
auses	13. FATHER'S NAME John Smallwood	Martha Lambert	
Supply every item of information carefully write the causes of death clearly and legibly.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	E. W. James, 2831 n. /	toward St
INK. Supp please write	18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1420.1 Immediate cause (a) Conouncy C		INTERVAL BETWEEN ONSET AND DEATE
, WITH UNFADING IN important. Physicians: pl	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
UNFA	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
TH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Y. W.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY	(STATE)
INL	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. INJURY at work	HOW DID INJURY OCCUR?	
WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, SIGNATURE	ased died on the day stated above, and death in my	from the evidence opinion resulted DATE SIGNED
	23. BUN'AL (CREMATION DATE THEREOF NAME OF CEMETE REM'VAL (Specify) 11/5/55 Woodla	Parto Ar AA	ty) /(State)
PLEASE	DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15A



INSTRUCTIONS

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10401 CERTIFICATE OF DEATH

10445 Reg. Dist. No. 2

2. USUAL RESIDENCE (HOME) OF DECEASED

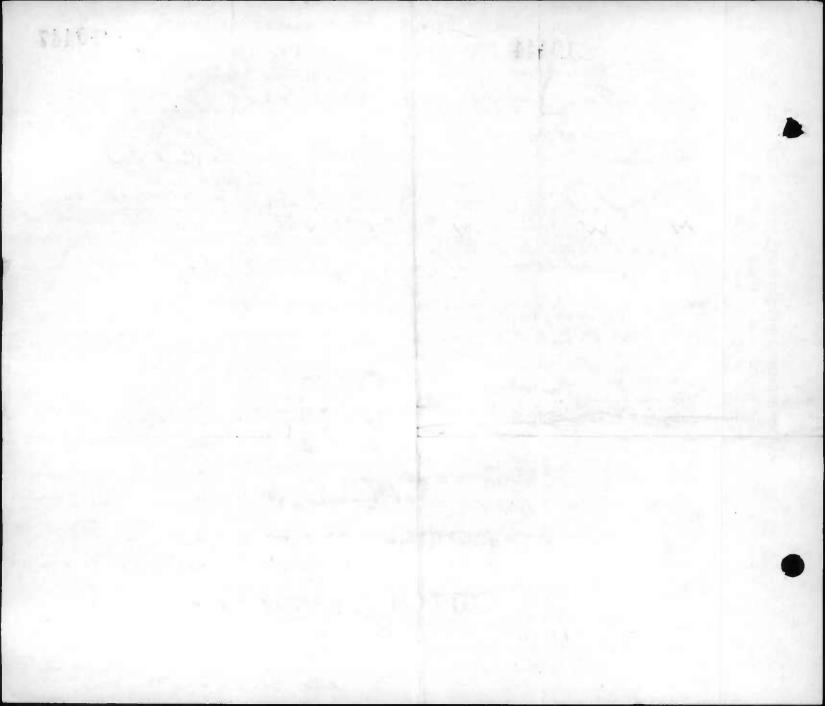
COUNTY H. H. (S.	MARYLAND	STATE /Y/AM	LAW OCOUNTY	A Co
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corp.	prete fimils, write RURAL and give ne	arest town)
IN TOWN ANN WIN MAN	(iii iiiis piece)	TOWN A	UnArhis	10
HOSPITAL OR		STREET	(If rural giva location	10
INSTITUTION OR		ADDRESS / /		/
STREET ADDRESS		18 7	Arole	> (
3. NAME OF (First) (Mide	dle)	(Last)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) BAB	5	MITH	DEATH //	1 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORC	8. DATE O	F BIRTH		ER 1 YEAR IF UNDER 24 HRS.
FP (Specify)	1// -	1-55	Months yrs.	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND O	F BUSINESS	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT
done during most of working life, even if OR IND		X/A .	/	COUNTRY?
retired) none		MANY	LAWO	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
SAMUEL SM	11Th	LAUV	AHA	11
	DCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	D HIVWA TOL
(Yes, no, or unk.) (If Yes, give wer or detes of service)		- SAMILE	15MiTh-18	Parabest
	18. MEDICAL CER	TIEICATION	10111111111	I INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	. O	A	ONSET AND DEATH
MAIN MATTER CAME	ludera	levelopmen	7	
176 X IMMEDIATE CAUSE (A)			-	
ANTECEDENT CAUSE(S) DUE TO	Preme to	a dol		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	- Low Co	9 200	<u> </u>	-
STATING UNDERLYING CAUSE LAST. DUE TO				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
				YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, fe OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		fc. WHERE DID INJURY OCCU	R? (City or town) (Cos	unty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJU		ZIF. HOW DID INJURY OCCU	R?	
While M. et work	Nol while			
	11//	- 11-	4-1-	
22. I hereby certify that I attended the deceased	from. 1./	, 19, to !	19, that	l last saw the deceased
alive on 1, 19, and that	it death occurred at	5. P. M, from the	causes and on the date stat	ed above.
SIGNATURE	1	ADD	RESS (Street, city lown, state)	DATE SIGNED
	M.D. 6	1 Cothe	was is	11-1-5
	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or count	ty) (State)
REMOVAL (SPECIFY)	Crest1	11~	12- 4-4	26 t mal
	10MY	cr	10lel	rule ma
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	A	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE NOV. 14. 1955 11		WILLIAMA	CESETT 108	WASh. ST
11 V 2 25 199 VIII - 0,01		in	1 1 1 1 1 1 1 1 1	
19/9/1/1/1/1/		F4 8	MAMORIS	17/10

HIARD FOR STADENSED FRANK BUREAU V. B. The second second and believe the second sec COM GI MINA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10444 CERTIFICATE OF DEATH

10444 CERTIFICATE OF DEATH Reg. Dist.	No
1. PLACE OF DEATH: COUNTY COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN INOSPITAL OR INSTITUTION OR STREET ADDRESS 2. USUAL RESIDENCE (HOME) OF DECEASED: CITY (If outside corporate limits, write RURAL at OR TOWN STREET ADDRESS (If rural, give iocation) ROBERT ADDRESS	nd give nearest town)
3. NAME OF DECEASED: (Type or Print) 5. SEX: COLOR OR RACE: S. COLOR OR RACE: S. COLOR OR RACE: S. COLOR OR RACE: S. COLOR OR WIDOWED, DIVORCED, S. DATE OF BIRTH: (Specify): S. DATE (Month) (Day DEATH: North Section of Color of Co	1955
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 1 II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) (Service) (
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420, Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) Diseases or conditions, if any, (b)	Interval Between Onset And Beatl
stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
SUICIDE OF Office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	STATE)
23. BURIAL, CRIMATION, DATE THEREOF, NAME OF COMETERY OR CREMATORY LOCATION ACRY, town, or confidence of the confidence	stated above.
Medistra 19. 1915 R.W.	Haas



ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10448

10402 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1 2. USUAL RESIDENCE (HOME) OF DECEASED

	A			1	1
	COUNTY ANNE ARUNDA	MARYLAND	STATE	COUNTY HAV	NE HRUNDEL
	CITY (If outside corporete limits, write RURAL	LENGTH OF STAY		orate limits, write RURAL and giv	e naarest fown)
1	OR and give neerest town) TOWN AND POLIS	(in this plece) 7 DA 45	OR TOWN EPA	PINIG FORE	557 X
	HOSPITAL OR	3 - 11	STREET	(If rural give loca	otion)
6	STREET ADDRESS NA E A BINN DE	2.60 GEN/4051	ADDRESS	TD#/	
	. NAME OF (First)	· (Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
	(Type or Print) HARRY	HOUSE SP	ENICER	DEATH NOW	1. 3, 1955
	SEX 6. COLOR OR 7. SINGLE,	MARRIED, 8. DATE C	OF BIRTH	9. AGE lest birthdey IF U	INDER 1 YEAR JIF UNDER 24 HRS.
	RACE WIDOWE	RIED OCT	-17 1873	82 yrs. Mon	ths Deys Hours Min.
- 2	0e. USUAL OCCUPATION (Give kind of work / 10	b. KIND OF BUSINESS	11. BIRTHPLACE (Stele or fore	eign country)	12. CITIZEN OF WHAT
YE	done during most of working life, even if Bl	dg. Trades	Peterborough,	England	U. S. A.
1	, FATHER'S NAME		14. MOTHER'S, MAIDEN	NAME	
	Jack House Spencer		Eliza	Spencer.	
1	. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL SECURITY NO.	1 _17. INFORMANT &	ADDRESS	
-	(es, no, or unk.) (If Yes, give war or detes of service)		Verna Jane	Spencer, Eppi	ng Forest,
-				polis, Md. R.	F. D. #1.
17	DISEASES OR CONDITIONS DIRECTLY LEADING TO D	18. MEDICAL CER	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1	1200	BOOMNEAN	och USIB	11/	18 WKS
17	IMMEDIATE CAUSE (A)	CICKUIVITY	0000000	~~	0000
١.	ANTECEDENT CAUSE(S) DUE TO	DIFFUN SCLEPA	TIC HEART	BIGERSE	. wallacould
	ISEASES OR CONDITIONS, IF ANY, (B)	CIPTOSTIC		-14-11-1-	- Control - Control
	TATING UNDERLYING CAUSE LAST. DUE TO				
I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			-	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
1		INGS OF OPERATION			20. AUTOPSY?
1					YES NO
0		(Home, farm, fectory, treet, office bldg., etc.)	21c. WHERE DID INJURY OCCU	JR? (City or town)	(County) (State)
2	d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)		21f. HOW DID INJURY OCCU	JR?	
	M.	While Not while at work			
1	2. I hereby certify that I attended the	deceased from 10 -2	8 1855 10 3 /	VOV 1953 11	nat I last saw the deceased
	alive on 2 NOU , 1955		Dimin.		
	SIGNATURE	and mar deam occurred an		RESS (Street, city, town_state	
2	Banas Like	16/	1 1 . 50 /10	A/ 1	a-heli- illeta-
-4	BURIAL CREMATION, DAVE THEREOF	M. D. 7/	DENATORY	LOCATION (City, fown, or c	messous 1/2/
3 1	REMOVAL (SPECIFY)	NAME OF CEMETER! OR	CKEMPATORT	LOCATION (City, lowin, or c	Joint Joint John Committee
	urial Nov. 7.	1955 Glenwood Co	emeterv	Washington	D. C
2	REGISTRAR'S SIGNA	ATURE	25. FUNERAL DIRECTOR'S	Washington	ADDRESS
D	NE Nov. 8, 1955 11	11 auct	J. Arthur Wal	ters, 254 Carr	ork 12. D. C.
-					

HTARU TO HTADHYRRDISCHO A VANABALA V. S. HE BALL TO BE SEEN TO SEE

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

10403CERTIFICATE OF DEATH

			21
Reg.	Dist.	No	a.l

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Clowing awarded MARYLAND	STATE Manyland countrie will arendel	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside gerporate limits, write RURAL and give naarest town)	
OR and give nearest town) TOWN Constant for the first for	TOWN Breen Haven (Paralina P.O.)	
HOSPITAL OR	STREET (If rural give focation)	
STREET ADDRESS Cline aundel General Hypertal	ADDRESS Rt 3, Gay 349	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)	
(Type or Print) MALVEHI (more) 1/5/	NAN DEATH NOV. 20 19 55	
Male white (Specify) Could me	2/-50 C yrs. Months Deys Hours Min.	
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
retired	Mauland	
	I 14. MOTHER'S MAIDEN NAME	
	Forcelly Mornelo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Jan Time	
COUNTY CO		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH	
MMEDIATE CAUSE (A) Cicule persuler /11	in replie - organism unknown 5 olage	
Aug 20 M	1 1 1 2 2 1 1 1 1 1 1	
ANTECEDENT CAUSE(S)	tenic intertion - influenced 7 days	
GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST.		
	my atterted above (18.A) 20. AUTOPSY?	
COUNTY Counted compared being, with RIPAL CITY (If outlide compared being, with RIPAL CONN When the County of the		
COUNTY County and a world Many Land CITY (II coulde concare limits, write RURAL CITY (II coulde concare limits) (II could give run and the run of t		
COUNTY CO		
	19.55, to 10.720, 19.55, that I last saw the deceased	
SIGNATURE		
H. E M answerk	Callet 1 21 NA D 11 11 12 12	
COUNTY Christ Counted MARYLAND GITY (Ill-cuited composers limits, write RURAL GITY (Ill-cuited composers limits, write RURAL GITY (Ill-cuited composers limits, write RURAL and give narrat lown) DOWN (Investigated of Counter) In this present of Counter of Coun		
June 1000 100 117 117 117	L 25 STIMEDAL DIDECTOR'S SIGNATAIDE	
24. RECUBITRAK REGISTRAN SIGNATURE	23. PUNEKAL DIRECTOR'S AIGNATURES	
DATE / LOT 22, 1955 Om. Jetrenchy	I denaid I lime the Island out	
L. J. L. aiba		

ASSYLAND STATE DEPARTMENT OF MALTIN-BALTIMORE, 18

HTARC TO RTADIAMENT OF DEATH

Edward Co. No.

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10445 CERTIFICATE OF DEATH

	DEATH				2. US	UAL RES	DENCE (H	OME) OF	DECEASE	D	
COUNTY	Anne Arunde:	1	MARYL		STA		yland	COUNTY			
OR end a	side corporate limits, write live neerest lown)		LENGTH O	F STAY lace)	OR			s, write RURAL	and give no	erest town)	214.
	Geo G Meade		10 m	onths	101		Balt	imore			200
50 INSTITUTION STREET ADDR	or U.S.Army	Hospita	1		STR	ORESS	25 Mar	yland A	iva location) Avenue		
3. NAME OF DECEASE (Type or Print)	Paul		(Middle) Eldridg	re	(Last) Trump	S	4.	DATE (MO OF DEATH		(Day) er 8	(Ya
5. SEX	6. COLOR OR RACE White	7. SINGLE, MAR WIDOWED, I (Specify) S	RRIED,	8. DATE	OF BIRTH	r 1955		last birthday	IF UNDE Months		IF UNDER
100. USUAL OCCU	JPATION (Give kind of wo	ork 10b. K	CIND OF BUSINES				r foreign count	yrs.	1	2. CITIZE	N OF WH
(harden)	most of working life, even 10118	i if	OR INDUSTRY		Mar	yland				COUN	JSA
13. FATHER'S NA						OTHER'S MAI	DEN NAME				
Shir	rly Ray Trum	ps						Herbert			
15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SEC	URITY NO.	17	. INFORMAN	T & ADDRESS	Mother	r: 140	1 Sau	ınder
(Yas, no, or unk.)	(If Yes, give wer or dete	is of service)	none		Wa	y, Gle	n Burn	ie, Md.			
I DISEASES OR O	CONDITIONS DIRECTLY LE		18. ME	DICAL CE						INTE	RVAL BET
560.4 IM	MEDIATE CALLEE	(A) Ate	electasis	a bila	teral					2 1	rs 5
		UE TO									
DISEASES OR CO	NDITIONS IF ANY.	(B) Di	aphragma	tic he	rnia,	left					
STATING UNDERL	THE ABOVE CAUSE PL	UE TO HE	rniation	of sm	all bo	wel. 1	arge h	owel to	,		
11 OTHER SIGNIFIC	CANT CONDITIONS CONTI										
	BUT NOT RELATED TO THE	н. ра	scending ncreas i	nto le	ft the	racic	cavity	•	,		
19a. DATE OF OP	RATION 195,	MAJOR FINDING	S OF OPERATION	4				THE REAL PROPERTY.			M NO
OR CONTRIBUTING	/AS UNDERLYING	21b. PLACE (Ho OF INJURY street	me, ferm, fector t, office bldg., etc	<u>(;</u>	21c. WHERE	DID INJURY O	CCUR? (City	or town)	(Cou		(State
	MEDICAL EXAMINER) JRY (Month) (Dey) (Y		. INJURY OCCL	IRRED [21f. HOW	DID INJURY C	CCUR?				
				while				200		1/2	
	certify that I atte	ended the dec	eased from O	150 8 1	VOV 19	55, to	145 8	Nov1955	, that I	last say	w the de
22. I hereby	-11 -1 0 57	55 ar	d that death	occurred a	0445	M, from t	he causes	and on the	date state	ed abov	e.
	0445 B. NOV 19.						DDDEER	(Straet, city, to	wn. statal	1	DATE &
alive on	S NORMAN SCH	-	levelte	_M. D.		't GG M	leade,			Nov	55
alive on	NORMAN SCH	-	levelte	M.D. CEMETERY OF		't GG M	leade,		8		55

MARYLAND STATE SPRATMENT OF HEALTH BALTIMORS, 18

03101

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	trinor and e			or murries	
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		Tay of	Althur, the same		
		#1	Carlingues (C. h.)		
		L James Will	nia To netalikowa		
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A. S.	DARREAU				
	UASRUA				
	NON 14	was a second			

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10404 CERTIFICATE OF DEATH

10451

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ANNE ARUNDEL MARYLAND	STATE Md. COUNTY A.A.
CITY (It outside corporate limits, write RURAL LENGTH OF STAY OR and give genest town) (in this piece)	CITY (Il outside corporata limits, write RURAL end give nearest town) OR
OR and give grees town) TOWN ANNADOLIS (in this piece)	TOWN ANNAPOLIS 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3/7 West St	STREET ADDRESS 317 West St
3. NAME OF DECEASED (First) (First) (Middle) (Middle) (Thomas of Print)	WALTON SEATH NOV. 1 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	F BIRTH 9. AGE lest birthdey 1 F UNDER 1 YEAR 1 IF UNDER 24 HRS. Months Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) FAREMAN	11. BRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME TU alton	14. MOTHER'S MAIDEN NAME Tosse Stallings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yas, no, or unk.] (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS
(1 ds, 110, of ditt.) (11 tos, give well of deles of service)	- Clara Greenwell, 317 West STONE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
420. / IMMEDIATE CAUSE (A) COTONETY thrombo	sis 2 hrs.
ANTECEDENT CALISE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) AFTERIOSCLETOTIC GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO	cardio-vascular disease
(c) gen. arterioscl	erosis
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO 🔀
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED Not while M. at work et work	TH. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased fromJan	, 19.55, toNo.v.a23, 19.55, that I last saw the deceased
alive on Nov22.,, 1955, and that death occurred at.	5
1 Normale M.D.	Annapolis, Md. 11/23/55
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR Friendshi)	CREMATORY LOCATION (City, town, or county) (State)
24. REC'D BY REGISTRAR REGISTRATE SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

MARYHARIT STATE DEPARTMENT OF HEALTH-BALTIMORE, 19

A Committee of the Comm

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TALL STREET, DESCRIPTION OF SECURE PROPERTY OF THE SECURE PROPERTY O

THE OWNER OF THE PARTY OF THE P

10446 CERTIFICATE	E OF DEATH Reg. Dist.	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY A .A .CO. MARYLAND	STATE Md. COUNTY A .A .C	0.
CITY (If outside corporate limits, write RURAL CITY (In this place) (in this place)	CITY(If onlyide corporate limits, write RURAL at OR TOWN	d give nearest town
HOSPITAL OR BOX 276 INSTITUTION OR BOX 276 STREET ADDRESS Solley Rd. & Ivy Ave.	STREET (If rural give location) ADDRESS BOX276 Solley Rd. & Ivy Av	re.
	Last) 4. DATE (Month) (D	ay) (Year)
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday FUNDER 1 VE 12,1880 75 yrs. Months Da	Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); DOPEY GAS CO.	11. BIRTHPLACE (State or foreign country): 12.	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Nathan Warren	Louise	
S. WAR DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: BOX 276	
NO of service)	Cecelia Warren Solley	Rd.&ivy
IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO DUE TO	ing Columni-	
(c)	ALCOHOLD WEST TO THE TOTAL STATE OF THE PARTY OF THE PART	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work A work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
SIGNATURE B M Rhetta M.		26 55
PEMOVAL (SPECIEV)		
Burial Nov.27,1955 Arbutus Me	emorial P Arbutus Md.	THE CHEST OF

THE RELIGIOUS AND ASSESSMENT OF THE RESIDENCE OF THE PARTY OF THE PART The transfer of the same of the same of the same of the organic last out to the other within the the state of the s 774 35 56 561 110 72 hours after death. After this director, the third copy of this

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A1504-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10453

Reg. Dist. No. 21

10405 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY A, A MARYLAND	STATE MO COUNTY A A CO
CITY (If outside corporata limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give nearest town)
OR end give neerest town) (In this place)	TOWN FORELLIA += 0
HOSPITAL OR	LUGEWATER
INSTITUTION OR () ()	STREET (If rural giva location) ADDRESS
STREET ADDRESS T, H, GENERAL HOSPI	
3. NAME OF (First) (Middla)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) /AW URDEN /	WIER DEATH // 22 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
(Specify) Wi Dow 2/16	1/877 78 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11./ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
retired LARPENTER WOODWORK	Many Anim COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
RICHARD 7. WIER	MARY E. THRUSH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANY & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	THOMAS E, LEE MAYO, MO
T DISTASSE OR COMPUTIONS DIRECTLY ISABING TO DEASTIN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
4-20. IMMEDIATE CAUSE (A)	thrombos day
ANTECEDENT CAUSE(S) DUE TO	X 1/2 1/10 3 3 4 1
DISEASES OR CONDITIONS, IF ANY, (B) CONDITIONS OF CAUSE	which that played of the
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
178, MAJOR PINDINGS OF OPERATION	20. AUTOPSY? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)	tc. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 2	MA HOW DID BURDY O COURS
While Not while of week	III. HOW DID INJURY OCCUR?
22. Lhereby certify that I attended the deceased from	1 1053 Nay 32 1050
alive on, and that death occurred at	5. 13. M, from the causes and on the date stated above.
SIGNATURE W	ADDRESS Street, city, town, steley DATE SIGNED
M.D.	Junggord fret. 1117453
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)
DURIAL WASTES ILL HAM	LOWS LAVID SONUILLE, MO
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE MOV. 25. 1955 11 11 Course	TOWN M. TAYLOO & SAULE GUNAPOLIS
WILLIAM TO THE WAR TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	TOTAL TIMENT 4 20103 III.

BE DECMITTER-HTJASH SO THERTSACED SYATE GHALLEAM "TANG TO STADRITHDATH

THE STATE STATES

g	18MARX-JAI	#1921'A	TE DESARIME	NT OF	HEALTH-BALI	TMORE,	18
1	CITATAT	TAX	A DECEMBER A	CITAL	DIRECTION A POST OFFICE OF THE PROPERTY OF THE	OTA	TAI

MEDICAL EXA	MINER'S CERT	THICATE OF	DEATH	No
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME)	OF DECEASED:	
COUNTY Anne Arundel	MARYLAND	STATE Md. CO	UNTY Prince	Georges
CITY (If outside corporate limits, wr OR and give nearest town)	(in this place)	CITY (If outside corporate limor or Town Laurel, Md.	its write RURAL and	
HOSPITAL OR	ge G. Meade Hospital	STREET (IF ADDRESS 344 Main St	rural, give location)	
3. NAME OF (First) DECEASED: (Type or Print) Dorothy	Karen V	(Last) 4. DATE OF DEATH	(Month) (Day Nov. 11	
F RACE: White	WIDOWED, DIVORCED, (Specify): Single Oct.	29. 1955	yrs.	Hours Min.
10a. USUAL OCCUPATION (Give kinwork done during most of work even if retired): NONE	ine, industry:	Ft. Meade Hospital	- Md.	COUNTRY? U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:		
William H. Willow	1	Dorothy Terrell Ro	gers	
15. WAS DECEASED EVER IN U.S. ARMED F (Yes, no, or unk.) (If Yes, give war or da service)	orces ? 16. Social Security No.: I tes of None	7. INFORMANT & ADDRESS: Mrs. D. T. Willow	(mother)	
NO		CERTIFICATION	THO OHOL	1
I. DISEASES OR CONDITIONS DIRECT				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a	· · · · · · · · · · · · · · · · · · ·	trangulation		Onder And Darie
Antecedent cause(s)				
giving rise to the above cause DUI			•••••••••••••••••••••••••••••••••••••••	
II. OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN	S CONTRIBUTING			
19a. DATE OF OPERATION: 19b. M.				20. AUTOPSY?
21s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
21d. TIME (Month) (Day) (Year) (FOR INJURY)	our) 21e. INJURY OCCURRED While at Not while M. work at work	21f. HOW DID INJURY OCC	JR?	
22. I hereby certify that I took find that death resulted from SIGNATURE	charge of the remains describe		eide 🔁 , Undeter EXAMINER 🔒	
REMOVAL (Specify):	THEREOF NAME OF CEMETERY	OR CREMATORY LOGATION 124. FUNEBAL DIRECTOR	Nucity, town, or co	ADDRESS
	A: 4- 11/110	- William Harris	Lora. Ja.	16/200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

DATE REC'D BY LOCAL REG

Item

VS. A15A - 5 - 53



INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10448 CERTIFICATE OF DEATH

		2	1
Reg.	Dist.	No. 2	_L

1. PLACE O	F DEATH				2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY A >	ne Amindel	Crow	nsvilleman	YLAND	STATBaltimo	re county		
CITY (If ou	tside corporate limits, wi		LENGTH	OF STAY	CITY (If oulside corporate limits, write RURAL and give nearest town)			town)
A TOWART	/ TOWN A 31 35 3			OR TOWN ROTHS	ore city, Ma	bacland	3V01 11	
HOSPITAL O		aryran	<u>u 1 1</u>	year	STREET		ve location)	2114
INSTITUTION STREET ADDI	OR	1110 8	tateHospit	- 1	ADDRESS			,
3. NAME OF		TITE 2	(Middle)	val.	(Last)	Durham Stree		- N
DECEASE	D		(Middle)			4. DATE (Mo		ey) (Year)
(Type or Prin	deorge	1 7 60.00		Wing		DEATH		-955 19
5. SEX	6. COLOR OR	7. SING!	E, MARRIED,	8. DATE O	OF BIRTH	9. AGE lest birthday	Months De	EAR IF UNDER 24 HRS.
Male	Negro	Major	Med	2-13	3-?	82 yrs.	Months	eys Hours Min.
10a. USUAL OCC	UPATION (Giva kind of most of working life, a	f work	10b. KIND OF BUSI OR INDUSTRY	NESS	11. BIRTHPLACE (State or for	reign country)		ITIZEN OF WHAT
retirad) _	aborer		Prvate Ind	hietme	South_Carolina			S.A.
13. FATHER'S NA			Trane III	ms my	14. MOTHER'S MAIDEN	NAME		
Samu	el Wingate				Ienson	? Wingat	e	
	SED EVER IN U. S. AR			SECURITY NO.	C 17. INFORMANT &	ADDRESS	P-	
(Yas, no, or unk.)	(If Yas, giva war or	dates of service	(0)		Mrs Cora Wi	ham St. Ba	fe ltimore	. Md.
			18. 7	MEDICAL CE		4		INTERVAL BETWEEN
I DISEASES OR	CONDITIONS DIRECTLY	LEADING TO	DEATH	() T	-11	0 . ()	,	ONSET AND DEATH
40011	MEDIATE CAUSE	(A) _	arterior.	icleve	e Cardio yasc	wer wes	ease	early
AN	TECEDENT CAUSE(S)	DUE TO						
DISEASES OR C	ONDITIONS, IF ANY,	(B)						6
STATING UNDER	LYING CAUSE LAST.	DUE TO						
II OTHER SIGNIF	ICANT CONDITIONS CO							
	I BUT NOT RELATED TO ONDITION CAUSING DI							
19a. DATE OF O			INDINGS OF OPERA	TION				20. AUTOPSY?
April,]	1955	Catar	act Remov		No Complicat			YES NO
OR CONTRIBUTING	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	OF INJUR	CE (Homa, farm, fa Y street, office bldg.,	ctory, , atc.)	21c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(State)
21d. TIME OF IN.	JURY (Month) (Day)	(Year) (Ho	ur) 21a. INJURY O While	CCURRED Not while	21f. HOW DID INJURY OCC	CUR?		
		^	A. at work L.	at work				
22. I hereb	y certify that I	attended th	ne deceased from	11/17/5	4., 19, toll,	26/55, 19	, that I las	t saw the deceased
alive on	1/26/55	19	, and that dea	th occurred a	15::05pM, from the	causes and on the	date stated a	bove.
SIGNAT	URE	1.	4 113		ADI	DRESS (Street, city, toy	vn, stata)	DATE SIGNED
den	J 7 1	while	- WID .	M. D.	rownsville St	avecospital	MI A	11/20/55
23. BURIAL, CRI REMOVAL (TE THEREOF		OF CEMETERY OR	All August	LOCATION (City, tow	n, or county)	(State)
Dur	ial to	Jec.	1755 mit	Calvar	y Comolery	- anne a	rundel	Ce, Ind.
24. REC'D BY RI	GISTRAR	GISTRAR'S SI	GNATURE 2	0	25. FUNERAL DIRECTOR	S SIGNATURE	ADD	PRESS
DATE	1333	1/m1	V Jan	20/11	Polo 13 12	1.00	1701	12 mand \$1
O'AIT.		///V	1	way.	DUESAG SESTE	at the Contract of the State of	11 41 9	1 8 3 6 7 7 100

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			white allers	
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		and the same of th		
			dered St	
BUREAU V.				
17 72				
DEC I 1822				
1 110				

24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10449 CERTIFICATE OF DEATH

10456

28 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE	CE (HOME) OF DECE	ASED		
COUNTY Anne Arundel	MARYLAND	STATE Maryland COUNTY Baltimore City			
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		te limits, write RURAL end gi	iva naarest town)	
Crownsville	(in this placa) 42 days	TOWN Baltin	nore City	3401.4	
HOSPITAL OR		STREET	(if rural giva loc		
institution or street address Crownsville State	Hospital	ADDRESS 4405 S	St. George Av	renue 🗸	
DECEMBED	Middle)	(Last)	4. DATE (Month)	(Day) (Year)	
(Type or Print) Maggie		Wright	DEATH 11	21 19 55	
5. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, 8. DATE	OF BIRTH 9.	AGE lest birthday IF	UNDER 1 YEAR IF UNDER 24 HRS.	
Female Negro WIDOWED, DIVI	ORCED,	Unknown	80? yrs. Mo	nths Days Hours Min.	
1120	OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT	
dona during most of working lifa, even if OR retirad)	INDUSTRY			COUNTRY?	
Unknown -		South Carol:		0. 5.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Unknown			Jnknown		
	SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS		
(Yes, no, or unk.) (If Yas, give wer or dates of service)	Unk.	Hospit	al Records		
Unk. 71 1	18. MEDICAL CE		Jar Hecords	I INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH	
434 / IMMEDIATE CAUSE (A) Conge	stive cardia	c failure			
ANTECEDENT CAUSE(S) DUE TO					
GIVING PISE TO THE AROVE CALLSE	ete heart bl	ock			
STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rioslcerotic	heart disease			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	OF OPERATION			20. AUTOPSY?	
0				YES NO	
218. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (State)	
	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?			
While	Not while				
22. I hereby certify that I attended the decea	sed from 10/10	1955., to	11/21 19 55 1	that I last saw the deceased	
alive on11/21,, 1955, and		1(10/26/20 200	uses and on the date	stated above	
SIGNATURE //	(L. Benedict	M D) ADDRI	ESS (Streat, city, town, sta	nta) DATE SIGNED	
Meelelly.	M.D.		sville, Md.	11/21/55	
23. BURIAL, CREMATION DATE THEREOF	NAME OF CEMETERY O		LOCATION (City, town, or	county) (Stata)	
REMOVAL (SPECIFYY)	hit	Y. 6	2.60	- hall	
200000 10000000000000000000000000000000	1001.0	maying !	Julium		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	ma	Color Cary	GUATURE	ADDREST	
DATE d'alherene	O.V. Joyce a	1631 21	will St	el lone.	

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. A15C 1-55 10M XS

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	Will bronk the land	Tien Sa		
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BUREAU V. S.

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5001 - 1017

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10450 CERTIFICATE OF DEATH

10457 Reg. Dist. No. 28

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel MARYLAND	STATE Maryland county Baltimore City
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)
OR end give neerest town) Town Crownsville 17 yrs • 25days	TOWN Baltimore City 3Val.
HOSPITAL OR	STREET (If rurel give location)
Crownsville State Hospital	ADDRESS None given
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) Dudd Yo	oung DEATH 11 1 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
	iknown 49? yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired)	Michigan U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jim Young	Sue Willis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	
Unk. Unk. Unk.	Hospital Records
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
AND X	Known tonsus and Garden
	6/13/50
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST, DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING POST Encephalitic	Parkinsonism Known to us since
TO THE DEATH BUT NOT RELATED TO THE POST BICEONALLICE	
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	10/7/38 20. AUTOPSY?
0	YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M, et work et work	
22. I hereby certify that I attended the deceased from 6/29	19 51 to 11/1 19 55 that I last saw the decease
alive on11/1, 1955, and that death occurred at.	8:45a, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city_town, state) DATE/SIGNET
Ito las C. Sargean	Crownsville, Md. 11/1/55
23. BURIAL, CREMATION, ATT THEREOF NAME OF CEMETERY OR	
REMOVAL (SPECIFY)	(State)
KEMONAL YOU 1-3310 OF MIN	ED. 26/400M 6/2EEN 8
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE flow. 9, 1955 Satherine Ill. Jones	Welfrel Bear 1860 Klowers

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